

MANUFACTURER

MODEL NO.

SIZE

SERIAL NUMBER

SERVICE NUMBER

LOCATION:

METER NUMBER:

- IMPORTANT -
Please Return This Form
NO OTHER FORM WILL BE ACCEPTED

Moulton Niguel Water District

MAIL TO: 26161 Gordon Rd.
 Laguna Hills, CA 92653-8224
 (949) 607-9461
 backflow@mnwd.com

BACKFLOW PREVENTION DEVICE FIELD TESTING AND MAINTENANCE REPORT

DUE DATE:

PASS	REDUCED PRESSURE PRINCIPLE ASSEMBLY			Line Pressure _____
	DOUBLE CHECK VALVE ASSEMBLY			
FAIL	CHECK VALVE # 1	CHECK VALVE # 2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at _____ PSID CLOSED TIGHT <input type="checkbox"/> FAILED <input type="checkbox"/> LEAKED <input type="checkbox"/>	Held at _____ PSID CLOSED TIGHT <input type="checkbox"/> FAILED <input type="checkbox"/> LEAKED <input type="checkbox"/>	Opened at _____ PSID DID NOT OPEN <input type="checkbox"/>	AIR INLET Opened at _____ PSID DID NOT OPEN <input type="checkbox"/> AIR INLET FULLY OPEN YES <input type="checkbox"/> NO <input type="checkbox"/> CHECK VALVE HELD AT _____ PSID CLOSED TIGHT <input type="checkbox"/> FAILED <input type="checkbox"/> LEAKED <input type="checkbox"/>
REPAIRS	<input type="checkbox"/> CLEANED _____ _____ _____ <input type="checkbox"/> REPLACED _____ _____ _____ _____	<input type="checkbox"/> CLEANED _____ _____ _____ <input type="checkbox"/> REPLACED _____ _____ _____ _____	<input type="checkbox"/> CLEANED _____ _____ _____ <input type="checkbox"/> REPLACED _____ _____ _____ _____	<input type="checkbox"/> CLEANED _____ _____ _____ <input type="checkbox"/> REPLACED _____ _____ _____ _____
FINAL TEST	Held at _____ PSID CLOSED TIGHT <input type="checkbox"/>	Held at _____ PSID CLOSED TIGHT <input type="checkbox"/>	Opened at _____ PSID	Air Inlet OPENED AT _____ PSID FULLY OPEN YES <input type="checkbox"/> CHECK VALVE HELD AT _____ PSID

Comments _____

 INITIAL TEST (SIGNATURE) PRINT NAME CERT. TESTER NO. DATE

 FINAL TEST (SIGNATURE) PRINT NAME CERT. TESTER NO. DATE

TESTERS COMPANY NAME TESTERS PHONE NUMBER (REQUIRED)



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NOTICE TO TEST BACKFLOW PREVENTION DEVICE

This backflow prevention device described on the reverse of this notice has been installed on premises owned or controlled by you for the protection of the domestic water supply

Under requirements of the California Administrative Code and the Orange County Public Health code, you are directed to have this device tested to determine that it is functioning satisfactorily. If found defective, the device shall be serviced or replaced without delay.

Failure to comply with these requirements will result in the termination of water service to the affected water user until the device is tested. A reconnection fee will be charged to restore the water service.

Testing must be performed by a person possessing a valid Certificate of Competence issued by the County of Orange Health office. A list of Certified Testers is available, at www.MNWD.com

The completed report is to be returned to the address indicated and by the date specified on the reverse of this notice. Reports can also be emailed to backflow@mnwd.com