



Incline Village General Improvement District
 1220 Sweetwater Road
 Incline Village, NV 89451
 Phone 1-775-832-1203 Fax 1-775-832-1260

APN # _____
 Account # _____

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

New Installation: Annual Test:

Account Name: _____ Mail to: _____
 Service Address: _____
 Location of Device: _____

Type of Service: Domestic: Fire: Irrig: Mechanical: Other: _____
 Type of Device: DC: RP: RPDA: DCDA: PVB: SVB:

MANUFACTURER _____ MODEL _____ SIZE _____ SERIAL NUMBER _____

Reduced Pressure Principle Assembly (RP)				
Double Check Valve Assembly				
INITIAL TEST	Check Valve 1	Check Valve 2	Relief Valve	PVB / SVB
Apparent Reading	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Closed Tight <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"/>
REPAIRS	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Cleaned Sensing Line <input type="checkbox"/> Replaced: Disc: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm: Large: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Small <input type="checkbox"/> Seat: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer: Lower <input type="checkbox"/> Other <input type="checkbox"/>	Check Valve Held at _____ PSID Leaked <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: Air Inlet: Disc <input type="checkbox"/> Check Disc <input type="checkbox"/> Air Inlet: Spring <input type="checkbox"/> Check Spring <input type="checkbox"/> Other <input type="checkbox"/>
	FINAL TEST	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSID
Apparent Reading	_____ PSID Leaked <input type="checkbox"/>	_____ PSID Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

Initial Test By: _____ Company: _____ Test Date: _____

Pass: Fail: AWWA Tester #: _____ Gauge #: _____

Final Test by: _____ Company: _____ Test Date: _____

Pass: Fail: AWWA Tester #: _____ Gauge #: _____