

Incline Village General Improvement District  
 1220 Sweetwater Road  
 Incline Village, Nevada 89451  
 Phone: 1-775-832-1224 Fax: 1-775-832-1260

APN # \_\_\_\_\_  
 Account # \_\_\_\_\_

**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**

New Installation:  Annual Test:

Account Name:  
 Service Address:

Device Address Number:  
 Device Address St:  
 Location of Device:

Type of Service:  
 Type of Device:

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 2. Leaked <input type="checkbox"/>	_____ PSID 2. Closed Tight <input type="checkbox"/> 3. Leaked <input type="checkbox"/>	Opened at _____ PSID Did Not Open <input type="checkbox"/>	Air Inlet Opened at _____ PSID Did Not Open <input type="checkbox"/>
<b>REPAIRS</b>	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guid <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"/> Guid <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	RP/DC _____ PSID 2. Leaked <input type="checkbox"/>	1. Closed Tight <input type="checkbox"/> 2. DC _____ PSID 3. Leaked <input type="checkbox"/>	Opened at _____ PSID Reduced Pressure

Comments: \_\_\_\_\_

Initial Test By: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_  
 Pass:  Fail:  AWWA Tester #: \_\_\_\_\_ Guage #: \_\_\_\_\_

Final Test By: \_\_\_\_\_ Company: \_\_\_\_\_ Date: \_\_\_\_\_  
 Pass:  Fail:  AWWA Tester #: \_\_\_\_\_ Guage #: \_\_\_\_\_