



# CITY OF NORCO BACKFLOW PREVENTION DEVICE TEST REPORT

\* Required Info

ID #	<input type="text"/>	* Business Name	<input type="text"/>		
Acct Number	<input type="text"/>	* Meter #	<input type="text"/>	Test Report Due: <input type="text"/>	
* Service Address	St_Number <input type="text"/>	St_Name	<input type="text"/>		
* Device Location	<input type="text"/>			* Assembly Info	Current <input type="text"/> New <input type="text"/>
Location ID	<input type="text"/>	Protection Type	<input type="text"/>		
Backflow Tester Information			SN	<input type="text"/>	<input type="text"/>
* Business Name/Address			Mfr	<input type="text"/>	<input type="text"/>
* Business License No.			Model	<input type="text"/>	<input type="text"/>
			Type	<input type="text"/>	<input type="text"/>
			Size	<input type="text"/>	<input type="text"/>

Line Pressure at Time of Test: <input type="text"/>		<b>REPORT OF TEST RESULTS</b>				<input type="checkbox"/> Approved BFP	
	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB / SVB</b>	<b>Shut Off Valves</b>		
<b>Initial Test</b>	<input type="checkbox"/> Held at <input type="text"/> PSID	<input type="checkbox"/> Held at <input type="text"/> PSID	<input type="checkbox"/> Opened at <input type="text"/> PSID	<input type="checkbox"/> Air Inlet Opened at <input type="text"/> PSID	<b>#1</b> <b>#2</b>		
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Check Held at <input type="text"/> PSID	Leaked	<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Leaked			
<b>R E P A I R</b>	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	CLEANED	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	REPLACED	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	REPAIR	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring			
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc			
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring			
	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float			
	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm			
	<input type="checkbox"/> Module		<input type="checkbox"/> Diaphragm				
	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/>	OTHER	<input type="checkbox"/> <input type="checkbox"/>	
Other/Notes <input type="text"/>							
<b>Final Test</b>	<input type="text"/> PSID	<input type="text"/> PSID	<input type="checkbox"/> Opened at <input type="text"/> PSID	Air Inlet <input type="text"/> PSID	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	CK Valve <input type="text"/> PSID			

**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

Riverside County Certificate #	Date:	Gauge Num:	Pass	Fail	Tester Name (Print)	Phone
Initial Test By: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Final Test By: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Repaired By: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**TEST FAILURE:**  
In accordance with the State Administration Code Title 17, Section 7605 and the City Water Department Cross Connection Control Program, this device shall be repaired within (15) fifteen days from the test date.

Mail to:  
**NORCO PUBLIC WORKS  
BACKFLOW PROGRAM  
1281 FIFTH ST.  
NORCO, CA 92860**

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Tester Signature

Failure to comply may result in the discontinuance of the water service.