CITY OF SEBASTOPOL PUBLIC WORKS DEPARTMENT
BACKFLOW PREVENTION DEVICE ANNUAL TEST REPORT

SERVICE ADDRESS: _____

(LOCATION OF DEVICE OR FACILITIES SERVED)

ACCOUNT NUMBER	WORK ORDER NUMBER	METER NUMBER

MAILING ADDRESS:

DEVICE INFORMATION

TYPE:
SIZE:
MODEL:
SERIAL NUMBER:
MANUFACTURER:

REPORT OF TEST RESULTS

	REDUCED PRESSURE ASSEMBLY			PRESSURE/ SPILL-RESISTANT VACUUM BREAKER	SHUT-OFF VALVE
	DOUBLE CHECK VALVE				
	CHECK VALVE NO. 1	**CHECK VALVE NO. 2**	**DIFF. PRESSURE RELIEF VALVE**		
INITIAL TEST	AIR INLET OPENED AT _____.____ PSID ☐ DID NOT OPEN ☐				NO. 1 CLOSED TIGHT ☐ LEAKED ☐
	CLOSED TIGHT ☐ PSID _____.____ LEAKED ☐	CLOSED TIGHT ☐ PSID _____.____ LEAKED ☐	OPENED AT _____.____ PSID OPENED UNDER 2 PSID OR DID NOT OPEN ☐	CHECK VALVE HELD AT _____.____ PSID LEAKED ☐	NO. 2 CLOSED TIGHT ☐ LEAKED ☐
REPAIRS	CLEANED ☐ REPLACED: Disc ☐ O-Ring(s) ☐ Poppet ☐ Spring ☐ Guide ☐ Seat ☐ Module ☐ OTHER ☐	CLEANED ☐ REPLACED: Disc ☐ O-Ring(s) ☐ Poppet ☐ Spring ☐ Guide ☐ Seat ☐ Module ☐ OTHER ☐	CLEANED ☐ REPLACED: Disc ☐ O-Ring(s) ☐ Diaphragm(s) ☐ Spring ☐ Stem ☐ Seat(s) ☐ Retainer ☐ OTHER ☐	CLEANED ☐ REPLACED: Air Inlet Disc ☐ Check Disc ☐ Air Inlet Spring ☐ Check Spring ☐ OTHER ☐	VALVE NO. _____ CLEANED ☐ REPLACED ☐ REPLACE WITH: Type: _____ Mfg.: _____
FINAL TEST	CLOSED TIGHT ☐ PSID _____.____	CLOSED TIGHT ☐ PSID _____.____	OPENED AT _____.____ PSID	AIR INLET _____.____ PSID CHK. VALVE _____.____ PSID	BOTH VALVES CLOSED TIGHT ☐

THE ABOVE REPORT IS CERTIFIED TO BE TRUE

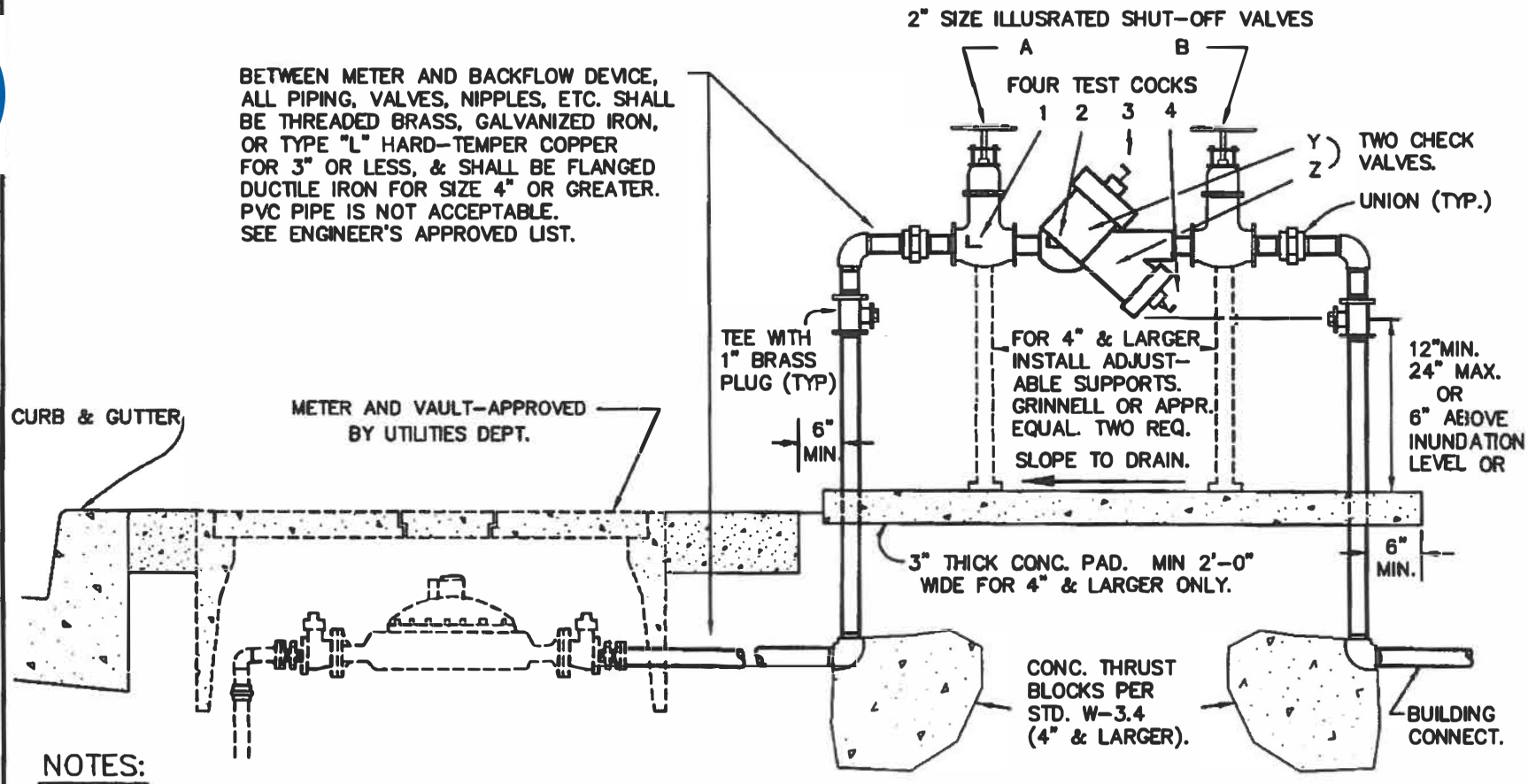
INITIAL TEST BY _____ **CERTIFIED TESTER NO.** _____ **CO. NAME** _____ **DATE** _____

REPAIRS/FINAL TEST BY _____ **CERTIFIED TESTER NO.** _____ **CO. NAME** _____ **DATE** _____

COMMENTS _____ **PASS** ☐ **FAIL** ☐

RETURN ANNUAL TEST REPORT TO: City of Sebastopol, Public Works Department, 714 Johnson Street, Sebastopol, CA 95472

TYPICAL INSTALLATION OF REDUCED-PRESSURE TYPE BACKFLOW PREVENTER



NOTES:

1. REDUCED PRESSURE TYPE BACKFLOW DEVICES SHALL BE REQUIRED FOR ANY USE WHERE TOXIC MATERIALS ARE USED OR STORED ON SITE OR WHERE POSITIVE PROTECTION FOR THE PUBLIC WATER SUPPLY IS REQUIRED. TYPICAL APPLICATIONS INCLUDE: ALL IRRIGATION SERVICES & PARKS, HOSPITALS, INDUSTRIAL SERVICES, OR AS DETERMINED BY CITY PUBLIC WORKS DEPT.
2. APPROVED REDUCED PRESSURE BACKFLOW DEVICE SHALL BE AS SHOWN ON "LIST OF APPROVED BACKFLOW PROTECTION DEVICES" (LATEST REVISION) BY THE UNIVERSITY OF SOUTHERN CALIFORNIA FOUNDATION FOR CROSS-CONNECTION CONTROL & HYDRAULIC RESEARCH.
3. BACKFLOW PREVENTION DEVICES SHALL BE INSTALLED ADJACENT TO AND ON PROPERTY SIDE OF SIDEWALK WHERE APPLICABLE. WHERE NO SIDEWALK EXISTS THE ASSEMBLY SHALL BE INSTALLED AS CLOSE AS POSSIBLE TO THE WATER METER LOCATION..
4. A VALVE OF THE SAME SIZE AS THE BACKFLOW PREVENTER SHALL BE INSTALLED ON EACH SIDE OF THE BACKFLOW PREVENTION ASSEMBLY. VALVES 2" & LESS SHALL BE THREADED FORD BALL VALVES. VALVES 3" SHALL BE WATTS BALL VALVES, AND 4" & LARGER SHALL BE RESILIENT SEATED GATE VALVES.
5. ANY COVER OR SCREENING FOR THE BACKFLOW PREVENTION ASSEMBLY MUST BE APPROVED BY THE CITY PUBLIC WORKS DEPT. PRIOR TO INSTALLATION.
6. ALL COMMERCIAL BLDGS. SHALL HAVE R.P. DEVICE.
7. IN LIMITED SPACE APPLICATIONS VALVES MAY BE INSTALLED ON RISERS, MIN. 4" ABOVE GRADE.
8. THE ADDITION OF SPOOLS MUST BE APPROVED BY THE CITY INSPECTOR PRIOR TO INSTALLATION.
9. THE PIPING FROM THE REDUCED PRESSURE BACKFLOW PREVENTER & THE REDUCED PRESSURE BACKFLOW PREVENTER VALVE ASSEMBLY ITSELF MUST BE THE SAME SIZE AS THE SERVICE LINE UNLESS OTHERWISE APPROVED BY CITY ENGINEER.

SCALE: NONE | DRAWN: MGA | CHK: SAL | APPVD: PHK | DATE: JULY 1998

STD. NO. W-7.1