



Santa Margarita  
Water District

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Phone: 949/459-6648 Fax: 949/459-6463

# Backflow Prevention Assembly Test Report

Service Address

Mailing Address

**Correct?**

Location:  \_\_\_\_\_  
 Hazard:  \_\_\_\_\_  
 Meter #:  \_\_\_\_\_  
 Serial #:  \_\_\_\_\_  
 Manufacturer:  \_\_\_\_\_  
 Model:  \_\_\_\_\_  
 Type:  \_\_\_\_\_  
 Size:  \_\_\_\_\_

File #:  
Test Month:

<b>Test Due</b> / /
------------------------

<b>Reduced Pressure Principle Assembly</b>			
<b>Double Check Valve Assembly</b>		<b>Differential Relief Valve</b>	<b>PVB/SVB</b>
<b>Check Valve #1</b>	<b>Check Valve #2</b>		
Closed Tight: <input type="checkbox"/> PSID: ____ Leaked: <input type="checkbox"/>	Closed Tight: <input type="checkbox"/> PSID: ____ Leaked: <input type="checkbox"/>	Opened At: ____ Did Not Open: <input type="checkbox"/>	Opened At: ____ Did Not Open: <input type="checkbox"/> Ck Held At: ____ Leaked : <input type="checkbox"/>
<b>Repairs</b> Cleaned: <input type="checkbox"/> DISC: <input type="checkbox"/> Replaced: <input type="checkbox"/> Guide: <input type="checkbox"/> Spring: <input type="checkbox"/> Diaphragm: <input type="checkbox"/> Hinge P: <input type="checkbox"/> Module: <input type="checkbox"/> Seat: <input type="checkbox"/> O-Rings: <input type="checkbox"/>	<b>Repairs</b> Cleaned: <input type="checkbox"/> DISC: <input type="checkbox"/> Replaced: <input type="checkbox"/> Guide: <input type="checkbox"/> Spring: <input type="checkbox"/> Diaphragm: <input type="checkbox"/> Hinge P: <input type="checkbox"/> Module: <input type="checkbox"/> Seat: <input type="checkbox"/> O-Rings: <input type="checkbox"/>	<b>Repairs</b> Cleaned: <input type="checkbox"/> DISC: <input type="checkbox"/> Replaced: <input type="checkbox"/> Guide: <input type="checkbox"/> Spring: <input type="checkbox"/> Diaphragm: <input type="checkbox"/> Hinge P: <input type="checkbox"/> Module: <input type="checkbox"/> Seat: <input type="checkbox"/> O-Rings: <input type="checkbox"/>	<b>Repairs</b> Cleaned: <input type="checkbox"/> DISC: <input type="checkbox"/> Replaced: <input type="checkbox"/> Guide: <input type="checkbox"/> Spring: <input type="checkbox"/> Diaphragm: <input type="checkbox"/> Hinge P: <input type="checkbox"/> Module: <input type="checkbox"/> Seat: <input type="checkbox"/> O-Rings: <input type="checkbox"/>
Notes:	Notes:	Notes:	Notes:
Closed Tight: <input type="checkbox"/> PSID: ____ Leaked: <input type="checkbox"/>	Closed Tight: <input type="checkbox"/> PSID: ____ Leaked: <input type="checkbox"/>	Opened At: ____ Did Not Open: <input type="checkbox"/>	Opened At: ____ Did Not Open: <input type="checkbox"/> Ck Held At: ____ Leaked : <input type="checkbox"/>

I he above report is certified to be true.

Line PSI

	Date/Time	Tester	Signature	Tester #	Phone #	Pass	Fail
<b>Initial Test</b>						<input type="checkbox"/>	<input type="checkbox"/>
<b>Final Test</b>						<input type="checkbox"/>	<input type="checkbox"/>

**DISTRIBUTION**  
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 SANTA ANA, CA 92705  
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COPY: OWNER