

**KERN COUNTY ENVIRONMENTAL HEALTH DIVISION
Backflow Prevention Assembly Field Testing and Maintenance Report**

Water Company _____

Service No. _____

Assembly Location Information

Facility Name _____

Contact Name _____

Service Address _____

Phone No. _____

City _____

Assembly Information

Existing New Replacement Replaces Serial # _____

Mfg:	Model:	Size:	Type: RP	Serial:
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Assembly Location _____

Purpose: Irrigation Meter Other _____

For Detector Assembly: Paired with Serial No. _____

Is the Assembly installed in accordance with manufacturer's recommendations and/or local codes? Yes No

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly			Air Inlet	Check Valve
Test Date Initial Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Check Valve 1	Check Valve 2	Relief Valve	Opened at ____PSID	Held at ____PSID
	Held at ____PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at ____PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at ____PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Leaked
Repairs and Materials Used					
Test Date Final Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Held at ____PSID <input type="checkbox"/> Closed Tight	Held at ____PSID <input type="checkbox"/> Closed Tight	Opened at ____PSID	Opened at ____PSID	Held at ____PSID
	Remarks				

The above is certified to be true at the time of testing:

Tester Name: _____

Company Name: _____

Certification No. _____

Address: _____

Signature: _____

Phone No.: _____

The backflow prevention assembly detailed above has been tested and maintained as required by TNRCC regulations and is certified to be operating within acceptable parameters.