



Helix Water District Backflow Prevention Assembly Field Testing and Maintenance Report



Service Address _____	Sequence number _____	Date Mailed _____
_____	Account No. _____	_____
_____	Meter No. _____	Date Due _____
_____	Manufacturer _____	Location _____
Owner's Name _____	Model _____	_____
_____	Serial No. _____	_____
_____	Size _____	_____
_____	Type _____	_____

**Please note any changes/corrections to the information above*

Line Pressure	
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Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	Double Check Valves	
Check Valve #1	Check Valve #2	Differential Pressure Relief Valve		Check Valve #1	Check Valve #2
INITIAL TEST	INITIAL TEST	INITIAL TEST	INITIAL TEST	INITIAL TEST	INITIAL TEST
Apparent _____psid Leaked _____ Closed tight _____ Actual _____psid	Leaked _____ Closed tight _____	Opened at _____psid <input type="checkbox"/> Did not open	Air inlet opened at _____psid <input type="checkbox"/> did not open <input type="checkbox"/> did not open fully Check valve held at _____psid	Differential pressure in direction of flow _____psid	Differential pressure in direction of flow _____psid
Repairs or Remarks					
FINAL TEST	FINAL TEST	FINAL TEST	FINAL TEST	FINAL TEST	FINAL TEST
Apparent _____psid Actual _____psid	Held against back pressure _____psid	Opened at _____psid	Air inlet opened at _____psid	Differential pressure in direction of flow _____psid	Differential pressure in direction of flow _____psid

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Signatures	Certificate	Date	Gauge Number	Company Name	Print Name	Pass/Fail
Initial Signature						
Repair Signature						
Final Signature						

Fax test results to 619.443.0134

or
mail to Cross-Connection Control
9550 Lake Jennings Park Road, Lakeside, CA 92040-3513
(fax or mail – not both)