



City of Oceanside

Water Utilities Department

Backflow Prevention Assembly Test / Maintenance Report

Location ID#:

Date:

Size:

Make:

Model:

Serial #:

Meter Address:

Meter No:

Backflow Location:

Annual Notification of Test Required

From the date of this notice, you have **30 days** to test and certify your backflow assembly as required under City Ordinance # 84-12 and California Administrative Code, Title 17 Public Health. Please have this test performed by a Certified Tester who is currently on the City of Oceanside Certified Tester List. (See enclosed list). If repairs are needed, the assembly will require re-testing before it can be certified. Failure to comply with the Water Utilities Department's requirements may result in the termination of your water service.

Return this original completed test and maintenance report to:

John Barry, Jr.
Cross Connection Control Specialist
300 N. Coast Highway
Oceanside, CA 92054
1-760-435-5864

REDUCED PRESSURE PRINCIPLE ASSEMBLY			**Must Include Line Pressure** _____ PSI	
DOUBLE CHECK VALVE ASSEMBLY			PRESSURE VACUUM BREAKER	
CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	AIR INLET	CHECK VALVE
Held at _____ PSID	Tight <input type="checkbox"/> _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>

REPAIRS MADE AND PARTS USED:

FINAL TEST AFTER REPAIRS:

Held at _____ PSID	Tight <input type="checkbox"/> _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID
<u>ABOVE ASSEMBLY IS PROPERLY INSTALLED & THE ABOVE DATA CERTIFIED TO BE TRUE</u>				
Initial Test By		Of		Date
Repaired By		Phone		Date
Final Test By		Of		Date
Signature		AWWA <input type="checkbox"/> ABPA <input type="checkbox"/> Certification #		

PASSED ☐ **FAILED** ☐