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

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 ☐_____PSID**	**Opened at_____PSID**	**Opened at_____PSID**	**Held at_____PSID**
Leaked ☐	**Leaked ☐**	**Did not open ☐**	**Did not open ☐**	**Leaked ☐**

REPAIRS MADE AND PARTS USED:

FINAL TEST AFTER REPAIRS:

Held at_____PSID	**Tight ☐_____PSID**	**Opened at_____PSID**	**Opened at_____PSID**	**Held at_____PSID**	
ABOVE ASSEMBLY IS PROPERLY INSTALLED & THE ABOVE DATA CERTIFIED TO BE TRUE					
Initial Test By		**Of**		**Date**	
Repaired By		**Phone**		**Date**	
Final Test By		**Of**		**Date**	
Signature		**AWWA ☐ ABPA ☐ ASSE ☐**		**Cert.#**	

PASSED ☐ FAILED ☐