

BOARD OF DIRECTORS
 Jeann Green
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 Darrell Smith, President
 Frank Seelig
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APN _____

Account # _____

GENERAL MANAGER
 Michael Staudenmayer

NORTHSTAR COMMUNITY SERVICES DISTRICT BACKFLOW PREVENTION ASSEMBLY TEST REPORT
 900 Northstar Drive, Truckee, California 96161 · (530) 562-0747 · Fax (530) 562-1505

Customer Name _____
 Physical Address _____
 Mailing Address _____
 City / State / Zip Code _____

Type of Service:
 Meter Protection
 Irrigation
 Fire Protection
 Other _____

Manufacturer _____	RP Device _____	Double Check _____	PVB _____	Number of Devices at this location _____
Model _____	Size _____	Location of Device _____ (Sketch on Back)		
Serial Number _____	New Device _____	Replacement Device _____	Serial Number of OLD Device _____	

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	Held at: _____ psid	Held at: _____ psid	Opened at: _____ psid	Opened at: _____ psid	Held at: _____ psid
Passed / Failed	Leaked: <input type="checkbox"/>	Leaked: <input type="checkbox"/> Closed Tight: <input type="checkbox"/>	Did Not Open: <input type="checkbox"/>	Did Not Open: <input type="checkbox"/>	Leaked: <input type="checkbox"/>
Repairs and Materials Used					
Initial Test	Held at: _____ psid	Held at: _____ psid	Opened at: _____ psid	Opened at: _____ psid	Held at: _____ psid
Passed / Failed	Leaked: <input type="checkbox"/>	Closed Tight: <input type="checkbox"/>			

Comments: _____

The above is certified to be true.
 Certified Tester _____ Tester Number _____
 Gauge Serial Number _____ Today's Test Date _____