

NEW DEVICE ASSEMBLY REPORT

RETURN COMPLETED TEST FORM BY _____

MAKE OF ASSEMBLY _____ **MODEL** _____ **SERIAL NO.** _____ **SIZE** _____

NAME OF PREMISE: _____ **Commercial** • **Residential** •

SERVICE ADDRESS _____ **CITY** _____ **ZIP** _____

LOCATION OF ASSEMBLY _____

REPLACEMENT ASSEMBLY SERIAL NUMBER _____ **OLD ASSEMBLY SERIAL NUMBER** _____

INITIAL TEST •• PASSED • FAILED •	DC/RP CHECK VALVE NO 1	DC/RP CHECK VALVE NO 2	RPBA	PVB AIR INLET
	LEAKED • CLOSED TIGHT • _____ PSID •	LEAKED • CLOSED TIGHT • _____ PSID	DETECTOR METER READ _____	OPENED AT _____ PSID (2.0 PSID MIN) #1 CHECK _____ PSID DID NOT OPEN •
NEW PARTS REPAIRS	CLEAN REPLACE PART • • • • • • • • • • • •	CLEAN REPLACE PART • • • • • • • • • • • •	CLEAN REPLACE PART • • • • • • • • • • • •	CHECK VALVE HELD AT _____ PSID LEAKED • CLEANED • REPAIRED •
TEST AFTER REPAIRS	CLOSED TIGHT • _____ PSID	CLOSED TIGHT • _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

REMARKS _____

TESTER'S SIGNATURE _____ **CERT. NO.** _____ **DATE** _____

MAIL TO:

PLEASE RETURN REPORT TO:
Carpinteria Valley Water District
1301 Santa Ynez Ave.
Carpinteria, CA 93013
Attn: Danielle Rose

Or PDF copy to: danielle@cvwd.net