



BACKFLOW PREVENTION DEVICE TEST REPORT

No 9203

1601 Las Plumas Avenue, San Jose, CA 95133-1613
408/347-3533 ■ Fax: 408/347-3416

RETURN NO LATER THAN

Job # 323071

RECEIVED
ORCHARD
SEP 04 2013

SERVICE ADDRESS: 1 Circle Star way
DEVICE LOCATED: on Roof (Balkon)

RETURN TO: _____ ACCT. NO. _____ METER NO. Internal

MAILING ADDRESS <u>Orchard Commercial</u> <u>2055 Laurelwood Rd Ste #130</u> <u>Santa Clara Ca 95054</u>	DEVICE INFORMATION
	TYPE <u>RP</u> SIZE <u>3/4</u> MFG <u>Watts</u> MODEL: <u>009 AT</u> SER. NO. <u>34329</u>
TYPE OF SERVICE	
<input type="checkbox"/> DOMESTIC <input type="checkbox"/> IRRIGATION	
<input checked="" type="checkbox"/> INDUSTRIAL <input type="checkbox"/> FIRE	

REPORT OF TEST RESULTS PASS FAIL

CONTACT:	REDUCED DOUBLE CHECK VALVE NO. 1	REDUCED CHECK VALVE NO. 2	ASSEMBLY RELIEF VALVE	PRESSURE VACUUM BREAKER
	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID	Air Inlet Check Valve
INITIAL TEST	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	UNDER 2.0 PSI <input type="checkbox"/>	Opened at _____ PSID <input type="checkbox"/> Closed Tight
REPAIRS	PSID _____ <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>	PSID _____ <input type="checkbox"/> Opened Under 1.0 PSID
	LEAKED <input type="checkbox"/>	LEAKED <input checked="" type="checkbox"/>	CLEANED <input type="checkbox"/>	<input type="checkbox"/> Did Not Open <input type="checkbox"/> Leaked
	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	REPLACED DISC <input type="checkbox"/>	SHUT-OFF VALVE
	REPLACED SPRING <input type="checkbox"/>	REPLACED SPRING <input type="checkbox"/>	REPLACED GUIDE <input type="checkbox"/>	NO. 1 NO. 2
	REPLACED SEAT <input type="checkbox"/>	REPLACED SEAT <input type="checkbox"/>	REPLACED O-RING(S) <input type="checkbox"/>	<input type="checkbox"/> LEAKED <input type="checkbox"/>
	REPLACED MODULE <input type="checkbox"/>	REPLACED MODULE <input type="checkbox"/>	REPLACED OTHER <input type="checkbox"/>	<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/>
	REPLACED OTHER <input type="checkbox"/>	REPLACED OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>	<input type="checkbox"/> CLEANED <input type="checkbox"/>
				<input type="checkbox"/> REPLACED <input type="checkbox"/>
FINAL TEST	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID	Replaced With _____ Type _____ Mfg _____

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

INITIAL TEST BY: R. Battara CERTIFIED TESTER NO. 10697 DATE 8-30-13

REPAIRED BY: _____ DATE _____

FINAL TEST BY: _____ CERTIFIED TESTER NO. _____ DATE _____

COMMENTS: Device too low to ground Relief should be 1' off ground