



**CITY OF REDWOOD CITY
PUBLIC WORKS SERVICES DEPARTMENT**
1400 Broadway Street, Redwood City, CA 94063
Phone 650-780-7464 - Fax 650-780-7445

BACKFLOW PREVENTION ASSEMBLY FIELD TESTING AND MAINTENANCE REPORT

Manufacturer <i>Fedco</i>	Model <i>825Y</i>	Serial Number <i>A114391</i>	Size <i>2"</i>
Service Address <i>1 Circle Star Way</i>		Description of Location <i>at Meter</i>	
Meter Number <i>53396765</i>		Backflow Tag ID Number <i>1301663</i>	
Owner Name <i>Orchard Commercial</i>	Mailing Address <i>2055 Laurelwood Rd #130 Santa Clara Ca 95054</i>		
Phone Number <i>408 955 1421</i>			

<p align="center">Reduced Pressure Principle Assembly</p> <p align="center">Double Check Valve Assembly</p>				Check all that apply below: <input checked="" type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> Internal Protection <input type="checkbox"/> DC <input type="checkbox"/> DCDA <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input checked="" type="checkbox"/> Service Protection	
				Check Valve # 1	Check Valve # 2
INITIAL TEST REPAIRS FINAL TEST	Held at <i>7.5</i> PSID Leaked <input type="checkbox"/>	Held at _____ PSID Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at <i>2.4</i> PSID Did Not Open <input type="checkbox"/>	Air Inlet Opened at _____ PSID Did Not Open <input type="checkbox"/>	Check Valve Held at _____ PSID Leaked <input type="checkbox"/>
	Held at _____ PSID	Held at _____ PSID Closed Tight <input type="checkbox"/>	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID
	<input type="checkbox"/> New Install				

Comments: _____

The undersigned certifies this report be true:

INITIAL TEST	Name <i>Rich Balthazar</i>	Certified Tester Number <i>10697</i>	<input checked="" type="checkbox"/> PASS
	(Signature) <i>R. Balthazar</i>	Date <i>11-22-13</i>	Time <i>6:30am</i> <input type="checkbox"/> FAIL
REPAIRS	Repaired by _____	Certified Tester Number _____	
	(Signature) _____	Date _____	Time _____
FINAL TEST	Name _____	Certified Tester Number _____	<input type="checkbox"/> PASS
	(Signature) _____	Date _____	Time _____ <input type="checkbox"/> FAIL