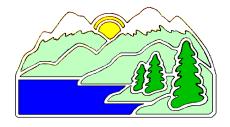
## **BOARD OF DIRECTORS**

Dan Wilkins Erik Henrikson Ron Treabess Judy Friedman John Pang



| APN       | <br> |
|-----------|------|
|           |      |
|           |      |
| Account # |      |

## **GENERAL MANAGER**

Cindy Gustafson

## TAHOE CITY PUBLIC UTILITY DISTRICT BACKFLOW PREVENTION ASSEMBLY TEST REPORT

P.O. Box 5249, 221 Fairway Drive, Tahoe City, California 96145 · (530) 580-6281 · Fax (530) 581-1368

| Physical Address                         |                           |                         |   |                  |                     |                       |                         |   |  |
|--|---------------------------|-------------------------|---|------------------|---------------------|-----------------------|-------------------------|---|--|
|  |                           |                         |   | ☐ Irrigation     |                     |                       |                         |   |  |
| City / State / Zin Code                  |                           |                         |   |                  |                     |                       |                         | Fire Protection                                       |  |
|  |                           |                         |   |                  |                     |                       | •                       | Other   |  |
| Manufacturer                             |                           |                         | RP Device Double Check PVB Number of Devices at this location |                  |                     |                       |                         |   |  |
| Model                                    | Size Location of Device   |                         |   | e                | (Sketch on Back     |                       |                         |   |  |
| Serial Number                            |                           | N                       | ew Device   | _ Repl           | acement Device      |                       | Serial Number of OLD    | Device  |  |
|  | Reduced Pressure Principl |                         |   | ciple Ass        | sembly              |                       | Pressure Vacuum Breaker |   |  |
| Double                                   |                           | le Check Valve Assembly |   | Ī                |                     | Air Inlet Check Valve |                         |   |  |
|  | 1st Ch                    | neck                    | 2nd Ched  | ck               | Relief Valv         | /e                    |                         |   |  |
| Initial Test                             | Held at:                  | psid                    | Held at:  | psid             | Opened at:          | _ psid                | Opened at:psid          | Held at: psid   |  |
| Passed / Failed                          | Leaked:                   |                         | Leaked:<br>Closed Tight:                                      |                  | Did Not Open:       |                       | Did Not Open: □         | Leaked:   |  |
| Repairs and<br>Materials Used            |                           |                         |   |                  |                     |                       |                         |   |  |
| Initial Test                             | Held at:                  | psid                    | Held at:  | psid             | Opened at:          | _ psid                | Opened at:              | Held at: psid   |  |
| Passed / Failed                          | Leaked:                   |                         | Closed Tight:   |                  |                     |                       |                         |   |  |
|  | District Ordinan          | ce No. 263 a            | and is certified to   | comply           |                     |                       |                         | nia Administrative Code and copy of their current AWW |  |
| Comments:                                |                           |                         |   | The al           | pove is certified t | to be tru             | ie.                     |   |  |
|  |                           |                         |   | Certified Tester |                     |                       | Tester Number           |   |  |
|  |                           |                         |   | _                | e Serial Number_    |                       | Today's Tes             | st Date   |  |
| T-\District Working\Technical Services\7 | Lechnical Services Divisi | on\7 - Backflow & C     | rose Connection/Forme/T                                       | +STform doc      |                     |                       |                         |   |  |