



**PENNGROVE WATER CO.
KENWOOD WATER CO.
TEL# (707)539-6397**

**BACKFLOW PREVENTION DEVICE TEST REPORT
RETURN NO LATER:**

SERVICE ADDRESS: _____
(Location of Device or facilities serviced)

ACCOUNT NUMBER:	TRANSPONDER #	METER NUMBER#
		DEVICE INFORMATION
		TYPE: _____
		SIZE: _____
		MODEL: _____
		SERIAL NUMBER: _____
MANUFACTURER: _____		

REPORT OF TEST RESULTS

	NO.1 CHECK VALVE	NO.2 CHECK VALVE	DIFF.PRESS RELIEF VALVE	SHUT-OFF VALVE
INITIAL TEST	1.[] LEAKED 2.[] CLOSED Tight	1.[] LEAKED 2.[] CLOSED Tight	OPEN AT _____ PSID 2.[] DID NOT OPEN	NO.1 [] LEAKED [] CLOSED TIGHT NO.2 []
REPAIRS	1.[] CLEANED REPLACED 2.[] DIS. 3.[] SPRING 4.[] GUIDE 5.[] PIN RETAINER 6.[] HINGE PIN 7.[] SEAT 8.[] DIAPHRAGM 9.[] OTHER DESC.	1.[] CLEANED REPLACED 2.[] DIS. 3.[] SPRING 4.[] GUIDE 5.[] PIN RETAINER 6.[] HINGE PIN 7.[] SEAT 8.[] DIAPHRAGM 9.[] OTHER DESC.	1.[] CLEANED REPLACED 2.[] DIS.-UPPER 3.[] DIS.-LOWER 4.[] SPRING 5.[] DIAPH-LARGE UPPER 6.[] DIAPH-LARGE LOWER 7.[] DIAPH-SMALL 8.[] SEAT UPPER 9.[] SEAT LOWER 10.[] SPACER-LOWER 11.[] OTHER DESC.	[] CLEANED [] [] REPLACED [] _____ TYPE _____ MFG.
FINAL TEST	1.[] CLOSED TIGHT PRELIM READ.G	1.[] CLOSED TIGHT	OPENED AT _____ PSID _____ DIFF.	1.[] CLOSED TIGHT 2.[] CLOSED TIGHT

Please circle: **FAILED** or **PASSED**

THE ABOVE REPORT IS CERTIFIED TO BE TRUE.

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

REPAIRED BY: _____ DATE: _____

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

COMMENTS: _____

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