



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

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

SERVICE ADDRESS: Customer Mailing Address.
(Location of Device or facilities serviced)

ACCOUNT NUMBER:	TRANSPONDER #	METER NUMBER#		
CM-000	123456789	123456789		
Customer Name Customer Mailing Address City, State, Zipcode		<u>DEVICE INFORMATION</u>		
		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 NO.2 [] LEAKED [] [] CLOSED TIGHT []
R E P A I R S	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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