



OLYMPIC VALLEY PUBLIC SERVICE DISTRICT

305 Olympic Valley Road
 Post Office Box 2026
 Olympic Valley, CA 96146-2026
 Phone: (530) 583-4692 Fax: (530) 583-6228

Property Owner and Mailing Address

Incomplete forms will not be accepted.
 Check for errors and make corrections in this area:

Backflow Device Information:

This is backflow device # ____ of ____
 APN # _____
 Serial # _____, Size: _____ inch,
 Type: _____, Model: _____
 Installed On: _____
 Address of Backflow: _____
 Location Description: _____

Time water back on	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test ____AR:	Held at: ____PSID	Held at: ____PSID	Opened at: ____PSID	Opened at: ____PSID	Held at: ____PSID
Passed <input type="checkbox"/>	Leaked: <input type="checkbox"/>	Leaked: <input type="checkbox"/>	Did Not Open: <input type="checkbox"/>	Did Not Open: <input type="checkbox"/>	Leaked: <input type="checkbox"/>
Failed <input type="checkbox"/>		Closed Tight: <input type="checkbox"/>			
3 PSID Buffer <input type="checkbox"/>					
Repairs and Materials Used					
If replaced	New Sr# _____ Mfr. _____		Model# _____ Size _____		
Final Test ____AR:	Held at: ____PSID	Held at: ____PSID	Opened at: ____PSID	Opened at: ____PSID	Held at: ____PSID
Passed <input type="checkbox"/>		Closed Tight: <input type="checkbox"/>			
Failed <input type="checkbox"/>					
3 PSID Buffer <input type="checkbox"/>					

By signing this form you certify that you are a current AWWA certified backflow tester, your test device has been calibrated within the last year, you take full responsibility as a backflow tester under both Title 17 of the California Administration Code and Squaw Valley Public Service District Water Code.

Testers Signature: _____ Date _____ Time Water Back On: _____

Print Tester Name: _____ Test Device Serial #: _____ Expires: _____

AWWA Certificate # _____ Expires: _____