



# City of Las Cruces

## Backflow Prevention Assembly Test Report



Regulatory Compliance  
2845 W. Amador Avenue

Las Cruces, New Mexico 88005

Phone: (575) 528-3551 e-mail: [pretreatment@lascruces.gov](mailto:pretreatment@lascruces.gov)

### CUSTOMER INFORMATION

Owner's Name \_\_\_\_\_ Business Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_ Premise Location \_\_\_\_\_  
 Customer Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_ e-mail: \_\_\_\_\_  
 Commercial  Industrial

### ASSEMBLY INFORMATION

MAIN EXISTING ASSEMBLY: (Please check one) Containment  Isolation   
 Mfg.: \_\_\_\_\_ Model No: \_\_\_\_\_ Serial No: \_\_\_\_\_ Size: \_\_\_\_\_ BPA type \_\_\_\_\_  
 Application of Assembly: Domestic  Fire   Fire (Booster System) Irrigation  Physical Location: \_\_\_\_\_

**Please use the sections below as they apply.**

For Fire RP Detector Assembly:  $\frac{3}{4}$ " Water Meter Serial: \_\_\_\_\_  $\frac{3}{4}$  Water Meter Reading: \_\_\_\_\_  
 Mfg: \_\_\_\_\_ Model No: \_\_\_\_\_ Serial No: \_\_\_\_\_ Main Fire RP Size: \_\_\_\_\_

**IF ANY EXISTING ASSEMBLIES ARE REPLACED, DESCRIBE NEW ASSEMBLY BELOW:**

Mfg.: \_\_\_\_\_ Model No: \_\_\_\_\_ Serial No: \_\_\_\_\_ Size: \_\_\_\_\_

### TEST RESULTS

Test Date \_\_\_\_\_ Test Time \_\_\_\_\_ Please check one: Initial Test  Annual Test  Repair Test

If applicable, the water meter serial number (s) must be recorded for all initial testing.

Domestic / Irrigation Water Meter Serial # \_\_\_\_\_

| STEPS  | MINIMUM REQUIREMENTS  | RESULTS   |
|--|---|---|
| <p style="text-align: center;"><b><u>REDUCED PRESSURE</u></b></p> <p>1. Obtain Apparent Reading (AR) of CV #1.<br/>           2. Determine Relief Valve (RV) opening point.<br/>           3. Determine if CV #2 closes tight.<br/>           4. Obtain Confirmed Reading (CR) of CV #1.</p>   | <p>1. 5.0 PSID<br/>           2. 2.0 PSID<br/>           3. Must close tight<br/>           4. &gt;RV opening point and at least 5.0 PSID</p> | <p>1. _____<br/>           2. _____<br/>           3. YES <input type="checkbox"/> NO <input type="checkbox"/><br/>           4. _____</p>  |
| <p style="text-align: center;"><b><u>DC with Duplex/Differential* Gauges</u></b></p> <p>1. Obtain PSID of CV #1.<br/>           2. Determine if CV #1 closes tight.<br/>           3. Obtain PSID of CV #2.<br/>           4. Determine if CV #2 closes tight.<br/> <small>*Steps 1 and 3 only for Differential Gauges. All steps for Duplex Gauges.</small></p> | <p>1. 1.0 PSID<br/>           2. Must close tight<br/>           3. 1.0 PSID<br/>           4. Must close tight</p>                           | <p>1. _____<br/>           2. YES <input type="checkbox"/> NO <input type="checkbox"/><br/>           3. _____<br/>           4. YES <input type="checkbox"/> NO <input type="checkbox"/></p> |
| <p style="text-align: center;"><b><u>PVB or SVB</u></b></p> <p>1. Obtain opening PSID of air inlet valve.<br/>           2. Determine if CV closes tight in direction of flow.</p>   | <p>1. 1.0 PSID<br/>           2. 1.0 PSID</p>   | <p>1. _____<br/>           2. _____</p>   |

### COMMENTS/REPAIRS:

Main Water Meter Consumption Reading: \_\_\_\_\_

***This report details that the backflow device assembly had been tested and maintained as required and is certified to be operating within the acceptable parameters. I also certify that I tested this assembly and the test results are true.***

### TESTER CERTIFICATION INFORMATION

Tester (Printed) \_\_\_\_\_ Phone No. \_\_\_\_\_ Date form filled out \_\_\_\_\_  
 Tester (Signature) \_\_\_\_\_ Employer \_\_\_\_\_ Employer Phone No. \_\_\_\_\_  
 Test Gauge Information/ Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Serial Number \_\_\_\_\_ Calibration Date \_\_\_\_\_

***\*Please fill out form completely and submit within 10 working days. Incomplete and out dated forms will not be accepted and will be sent back to tester for completion.***