



# BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT

Tucson Water must receive a correct Backflow Prevention Assembly Test Report by the compliance due date. Failure to comply with all requirements will result in assessment of compliance fees and discontinuance of water service. Responsibility for the Backflow Prevention Assembly test is that of the water service's financially responsible party.

Customer: Sonoran DWE HOA

Phone No.: \_\_\_\_\_

Service Address: 10467 E DUSKY WILLOW DR Tucson, AZ 85747

Water Meter No.: 18877873

BPA Mfg.: Febco

BPA Model: 825Y

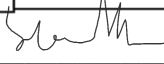
BPA Sz.: 1"

BPA Serial No.: H03998

Name of person authorizing BPA test: \_\_\_\_\_

Phone No.: \_\_\_\_\_

<b>F I R S T  T E S T</b>	<b>DC/RP Check Valve #1</b>	<b>DC/RP Check Valve #2</b>	<b>RP Relief Valve</b>	<b>PVB / SVB</b>	<b>AIR GAP</b>	
	Held @ <u>7.1</u> psid Leaked _____	Held @ _____ psid Leaked _____ Closed Tight <u>X</u>	Opened @ <u>2.5</u> psid Leaked _____ Did Not Open _____	<b>Air Inlet</b> Opened @ _____ psid Did Not Open _____ <b>Check Valve</b> Held @ _____ psid Leaked _____	Size of Pipe Opening _____ Distance above Flood Rim _____	
	Tester Comments					
	BPA Replacement Information	Permit#	BPA Serial #	BPA Make	BPA Model	BPA Size

X  C885 03-27-24 1405  
 Tester's Signature Tester ID# Test Date Equip ID#

<b>R E P A I R S</b>	<b>DC/RP Check Valve #1</b>	<b>DC/RP Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB / SVB</b>
	Cleaned Replaced ____ Disc _____ ____ Spring _____ ____ Guide _____ ____ Seat _____ ____ Module _____ ____ O Ring _____	Cleaned Replaced ____ Disc _____ ____ Spring _____ ____ Guide _____ ____ Seat _____ ____ Module _____ ____ O Ring _____	Cleaned Replaced ____ Disc _____ ____ Spring _____ ____ Guide _____ ____ Seat _____ ____ Module _____ ____ O Ring _____ ____ Diaphragm _____	Cleaned Replaced ____ Disc _____ ____ Spring _____ ____ Guide _____ ____ Seat _____ ____ Module _____ ____ O Ring _____ ____ Diaphragm _____

X \_\_\_\_\_  
 Repairer's Signature Repair Date

<b>R E T E S T</b>	<b>DC/RP Check Valve #1</b>	<b>DC/RP Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB / SVB</b>
	Held @ _____ psid	Held @ _____ psid Closed Tight _____	Opened @ _____ psid	<b>Air Inlet</b> Opened @ _____ psid  <b>Check Valve</b> Held @ _____ psid

X \_\_\_\_\_  
 Tester's Signature Tester ID# Test Date Equip ID#

Test reports must be entered online into the iBAK System within five days of the test, and before the due date.

Remember to give the customer a copy of this test report.



#1 Annual Backflow Certification & Repair  
520-201-8646  
Old Pueblo Ventures, LLC  
Tucson, AZ 85741



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Customer: Sonoran DWE HOA

Phone No.: \_\_\_\_\_

Service Address: 10534 E CAROLINA WILLOW LN Tucson, AZ 85747

Water Meter No.: 231135898

BPA Mfg.: Febco

BPA Model: 825Y

BPA Sz.: 1"

BPA Serial No.: J151866

Name of person authorizing BPA test: \_\_\_\_\_

Phone No.: \_\_\_\_\_

<b>F I R S T  T E S T</b>	<b>DC/RP Check Valve #1</b>	<b>DC/RP Check Valve #2</b>	<b>RP Relief Valve</b>	<b>PVB / SVB</b>	<b>AIR GAP</b>	
	Held @ <u>7.6</u> psid Leaked _____	Held @ _____ psid Leaked _____ Closed Tight <u>X</u>	Opened @ <u>2.5</u> psid Leaked _____ Did Not Open _____	<b>Air Inlet</b> Opened @ _____ psid Did Not Open _____ <b>Check Valve</b> Held @ _____ psid Leaked _____	Size of Pipe Opening _____ Distance above Flood Rim _____	
	Tester Comments					
	BPA Replacement Information	Permit#	BPA Serial #	BPA Make	BPA Model	BPA Size

X  C885 03-27-24 1405  
 Tester's Signature Tester ID# Test Date Equip ID#

<b>R E P A I R S</b>	<b>DC/RP Check Valve #1</b>	<b>DC/RP Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB / SVB</b>
	Cleaned Replaced ____ Disc _____ ____ Spring _____ ____ Guide _____ ____ Seat _____ ____ Module _____ ____ O Ring _____	Cleaned Replaced ____ Disc _____ ____ Spring _____ ____ Guide _____ ____ Seat _____ ____ Module _____ ____ O Ring _____	Cleaned Replaced ____ Disc _____ ____ Spring _____ ____ Guide _____ ____ Seat _____ ____ Module _____ ____ O Ring _____ ____ Diaphragm _____	Cleaned Replaced ____ Disc _____ ____ Spring _____ ____ Guide _____ ____ Seat _____ ____ Module _____ ____ O Ring _____ ____ Diaphragm _____

X \_\_\_\_\_  
 Repairer's Signature Repair Date

<b>R E T E S T</b>	<b>DC/RP Check Valve #1</b>	<b>DC/RP Check Valve #2</b>	<b>Relief Valve</b>	<b>PVB / SVB</b>
	Held @ _____ psid	Held @ _____ psid Closed Tight _____	Opened @ _____ psid	<b>Air Inlet</b> Opened @ _____ psid  <b>Check Valve</b> Held @ _____ psid

X \_\_\_\_\_  
 Tester's Signature Tester ID# Test Date Equip ID#

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