

**CITY OF TEXAS CITY
BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**

Name of Water Supplier: **CITY OF TEXAS CITY**

PWS ID #0840008

Client Company and Address: _____

Contact Person and Phone Number: _____

The backflow prevention assembly detailed below has been tested and maintained as required by Texas TCEQ regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY

Reduced Pressure Principal

Reduced Pressure Principle-Detector

Double Check Valve

Double Check-Detector

Pressure Vacuum Breaker

Spill-Resistant Pressure Vacuum Breaker

Manufacturer: _____ Serial Number: _____ Model Number: _____

Size: _____ Device Location: _____

New device: _____ Existing device: _____

Does the device comply with manufacturer and/or local installment codes? Yes _____ No _____

Status of device after test: PASS _____ FAIL _____

	Double Check Valve Assembly		Reduced Pressure Principle Assembly	Pressure Vacuum Breaker	
	1 st Check	2 nd Check	Relief Valve	Air Inlet	Check Valve
Initial Test	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/>	Held at _____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test After Repair	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Opened at _____ psid	Held at _____ psid

Remarks: _____

Testers Name: _____ Testers License # _____

Name of Company: _____ Company Phone # _____

Test Gauge Used: Make/Model _____ SN # _____ Calibration Date _____

The above is certified true at the time of testing (Testers Signature)

Test Date

TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS