



BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

City of Waxahachie P.W.S Identification Number: 0700008
401 S. Rogers Waxahachie, Texas 75165
BUILDING DEPARTMENT 972-937-7330

Location Device Installed: _____ Permit Number: _____

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

Type of Assembly

- | | |
|--|--|
| <input type="checkbox"/> Reduced Pressure Principle
<input type="checkbox"/> Double Check Valve
<input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> Reduced Pressure Principle – Detector
<input type="checkbox"/> Double Check - Detector
<input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |
|--|--|

Manufacturer: _____ Size: _____

Model Number: _____ Located At: _____

Serial Number: _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? Yes No

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	First Check	Second Check			
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

Test Gauge used: Make/Model _____ SN: _____ Calibration Date: _____

Remarks: _____

The above is certified to be true at the time of testing.

Company Name Company Address Printed Name of Tester Date

Signature of Certified Tester Certification Number Telephone Number