



# BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

City of Waxahachie P.W.S Identification Number: 0700008  
401 S. Rogers Waxahachie, Texas 75165  
BUILDING DEPARTMENT 469-309-4020

Location Device Installed: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
(Address) (Bldg./Suite#)

Name Of Business: \_\_\_\_\_ **Annual Test / New Device Test**  
(Circle Type of Test Performed)

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<br><input type="checkbox"/> Double Check Valve<br><input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> Reduced Pressure Principle – Detector<br><input type="checkbox"/> Double Check - Detector<br><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			
<b>Initial Test</b>	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"/>
<b>Repairs and Materials Used</b>					
<b>Test After Repair</b>	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