



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