



# Backflow Prevention Assembly Test and Maintenance Report

City of Westworth Village - PWS #2200131 – Utilities Department: 817-710-2506  
 311 Burton Hill Rd., Westworth Village, TX 76114

THE FOLLOWING FORM MUST BE COMPLETED FOR EACH ASSEMBLY TESTED. A **SIGNED AND DATED ORIGINAL** MUST BE SUBMITTED TO THE PUBLIC WATER SUPPLIER FOR RECORDKEEPING PURPOSES:

Location of Service: \_\_\_\_\_

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

**TEST FREQUENCY:**

- Annually  One Time

**TYPE OF ASSEMBLY:**

- Reduced Pressure Principle  Reduced Pressure Principle – Detector  
 Double Check Valve  Double Check – Detector  
 Pressure Vacuum Breaker  Spill-Resistant Pressure Vacuum Breaker

Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_

Model Number: \_\_\_\_\_ Located At: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Is the assembly installed with manufacturer recommendations and/or local codes? \_\_\_\_\_

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

Test gauge used: Make/ Model: \_\_\_\_\_ SN: \_\_\_\_\_ Accuracy Test Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

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

Firm Name: \_\_\_\_\_ Certified Tester: \_\_\_\_\_

Firm Address: \_\_\_\_\_ Cert. Test #: \_\_\_\_\_ Date: \_\_\_\_\_

Firm Phone #: \_\_\_\_\_

**\* TEST RECORDS MUST BE KEPT AT LEAST THREE (3) YEARS**

**\*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS**

RECEIPT

**FOR INTERNAL CITY USE ONLY**

**A. PERMITS DEPARTMENT**

Form Reviewed Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Entered into Incode and Scanned into Tyler Content Manager by: \_\_\_\_\_ Date: \_\_\_\_\_

**B. RECORDS DEPARTMENT**

Retention: UT5025-07a – Keep for 3 years.