

BACKFLOW-PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT(30 TAC 290.47)

CITY OF WESTWORTH VILLAGE

PWS # 2200131

311 BURTON HILL ROAD

WESTWORTH VILLAGE TEXAS 76114-4239

ATTN: UTILITIES SERVICES DEPARTMENT

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.

**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? \_\_\_\_\_

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

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

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

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

Firm Name \_\_\_\_\_  
 Firm Address \_\_\_\_\_  
 Firm Phone # \_\_\_\_\_

Certified Tester \_\_\_\_\_  
 Cert. Test # \_\_\_\_\_ Date \_\_\_\_\_

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

\*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS