

CITY OF ALVARADO
BACKFLOW PREVENTION ASSEMBLY TEST
AND MAINTENANCE REPORT

PWS ID # 1260001
104 W. College, Alvarado, TX 76009

Location of Service: _____

Name of Business or Resident: _____

This form must be completed for EACH assembly tested. A signed and dated original must be submitted to the above Inspection Dept. The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating 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 Valve <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |
|--|---|

Manufacturer _____ Size _____

Model Number _____ Located at _____

Serial Number _____

Is the assembly installed in accordance with the manufacturer recommendations and/or local codes? _____

| | | | | | |
|-------------------------------------|---|------------------|--------------------|-----------------------------|------------------|
| Initial Test | Reduced Pressure Principle Assembly () | | | Pressure Vacuum Breaker () | |
| | Double Check Valve Assembly () | | | Air Inlet | Check Valve |
| | 1st check | 2nd check | Relief Valve | Opened at ____psid | Held at ____psid |
| | Held at ____psid | Held at ____psid | Opened at ____psid | Did not open () | Leaked () |
| | Closed tight () | Closed tight () | Did not open () | Did not open () | Leaked () |
| | Leaked () | Leaked () | | | |
| Repairs & Materials Used | | | | | |
| Test After Repair | Held at ____psid | Held at ____psid | Opened at ____psid | Opened at ____psid | Held at ____psid |
| | Closed tight () | Closed tight () | | | |

Test gauge used: Make/Model _____ S/N _____ Calibration Date _____

Remarks: _____

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

Firm Name: _____ Certified Tester: _____

Firm Address: _____ Certified Tester Number: _____

Firm Phone #: _____ Date of Test: _____

Signature of Tester: _____

*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS
**USE ONLY MANUFACTURER'S REPLACEMENT PARTS