

CITY OF BASTROP

Water and Wastewater Dept.

300 Water Street - Bastrop, Texas 78602
Ph: (512) 332-8960 Fx: (512) 332-8969

PWS I.D. # TX0110001

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the City of Bastrop's Water and Wastewater Department within five (5) working days of the test, repair or overhaul.

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Name of Water Customer _____
Address: _____
Telephone: _____ Account# _____

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

- | | |
|---|--|
| <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# _____ Location: _____
Serial# _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? Yes No

	Reduced Pressure Principle Assembly		Relief Valve	Pressure Vacuum Breaker	
	Double Check Valve Assembly			Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	Held at _____ psid	Held at _____ psid	Opened at _____ psid	Opened at _____ psid	Held at _____ psid
Pass _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Fail _____	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	Held at _____ psid
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>			

Test gauge used: Make/Model _____ SN: _____ Date Tested for Accuracy: _____

Remarks: _____

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

Firm Name

Licensed Tester Name (Print/Type)

Firm Address

Licensed Tester Name (Signature)

City, State, Zip Code

Licensed Tester # Date of Test

Firm Phone #

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS