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

☐ Reduced Pressure Principle   ☐ Reduced Pressure Principle-Detector
☐ Double Check Valve          ☐ Double Check-Detector
☐ Pressure Vacuum Breaker     ☐ 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

<table>
<thead>
<tr>
<th>Reduced Pressure Principle Assembly</th>
<th>Pressure Vacuum Breaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Check</td>
<td>Air Inlet</td>
</tr>
<tr>
<td>2nd Check</td>
<td>Check Valve</td>
</tr>
</tbody>
</table>

Initial Test  
Pass ______  
Fail ______  

Pass or Fail  
Closed Tight  ☐  Opened at _____ psid  
Leaked  ☐  Held at _____ psid

Test After  
Repair  
Pass or Fail  
Closed Tight  ☐  Opened at _____ psid

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

OFFICE COPY - WHITE  CUSTOMER COPY - YELLOW  INSPECTOR COPY - PINK