

CITY OF BASTROP

Water and Wastewater Dept.

P.O. Box 427 / 300 Water Street - Bastrop, Texas 78602

Ph: (512) 332-8960 Fx: (512) 332-0279

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"/> Double Check Valve
<input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> Reduced Pressure Principle-Detector
<input type="checkbox"/> Double Check-Detector
<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		Opened at _____ psid	Held at _____ psid
Initial Test	Held at _____ psid	Held at _____ psid	Opened 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 _____
Certified Tester Name (Print/Type)

Firm Address _____
Certified 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