



City of Glenn Heights

2118 S Uhl Rd, Glenn Heights, TX 75154
(972) 274-5100

Backflow Prevention Assembly Test and Maintenance Report

All information **MUST** be filled out or test is invalid
(ONLY Originals Excepted)

NAME OF PWS: _____
 PWS ID #: _____
 NAME: _____
 CONTACT: _____
 LOCATION: _____
 MAILING ADDRESS: _____

PHONE: _____
 FAX: _____

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 _____ Serial Number _____
 Located At _____

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

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

Test gauge used: Make/Model _____ SN: _____ Calibration Date: _____

Remarks: _____

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

Firm Name _____ Certified Tester (print) _____

Firm Address _____ Certified Tester (signature) _____

Firm Phone # _____ Cert. Tester No. _____ Test Date _____

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