



BACKFLOW ASSEMBLY TEST REPORT

| | |
|--------------------------|-------------|
| <input type="checkbox"/> | NEW |
| <input type="checkbox"/> | EXISTING |
| <input type="checkbox"/> | REPLACEMENT |

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping *purposes:

PREMISE OWNER: _____ PHONE: _____
 MAILING ADDRESS: _____
 CITY: _____ STATE _____ ZIP _____
 ASSEMBLY ADDRESS: _____

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.

ASSEMBLY LOCATION: _____

TYPE OF ASSEMBLY: Reduced Pressure Principle Reduced Pressure Principle-Detector Double Check-Detector
 Double Check valve Pressure Vacuum Breaker Spill-Resistant Pressure Vacuum Breaker

MAKE: _____ MODEL: _____ SIZE: _____
 WATER City of Rowlett Patrick May SERIAL _____
 PURVEYOR: PWS ID # 0570056 4310 Industrial St. 75088 NUMBER: _____

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

| TEST RESULTS | REDUCED PRESSURE ASSEMBLY | | PRESSURE VACUUM BRKR/ SPILL-RES VACUUM BRKR | | INITIAL TEST |
|---|--|---------------------------------------|--|---------------------------------|---------------------------------|
| | RELIEF VALVE | DOUBLE CHECK | AIR INLET | CHECK | PASSED <input type="checkbox"/> |
| #1 CHECK PRESS DROP _____ (A) | CHECK #1 HELD AT _____ PSID | OPENED AT: _____ PSID | HELD AT: _____ PSID | FAILED <input type="checkbox"/> | DATE: _____ / _____ / _____ |
| RELIEF VALVE OPENS AT _____ (B) (MIN 2 PSID) | TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> | CHECK #2 HELD AT _____ PSID | HELD AT: _____ PSID | DATE: _____ / _____ / _____ | |
| BUFFER (A) - (B) = _____ (MIN 3 PSI RECOMMENDED) | TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> | DID NOT OPEN <input type="checkbox"/> | LEAKED <input type="checkbox"/> | SYSTEM PSI _____ | |
| PASSED <input type="checkbox"/> LEAKED <input type="checkbox"/> | TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> | | | | |

COMMENTS & NOTES / REMARKS
 Repairs and Materials Used**

| RE-TEST AFTER REPAIRS | REDUCED PRESSURE ASSEMBLY | | PVBA./SVBA | | RE-TEST AFTER REPAIR DATE: |
|---|--|-----------------------------------|------------------------|---------------------------------|---------------------------------|
| | RELIEF VALVE | DCVA | AIR INLET | CHECK | PASSED <input type="checkbox"/> |
| #1 CHECK PRESS DROP _____ (A) | CHECK #1 HELD AT _____ PSID | OPENED AT: _____ PSID | HELD AT: _____ PSID | DATE: _____ / _____ / _____ | |
| RELIEF VALVE OPENS AT _____ (B) MIN 2 PSID | TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> | CHECK #2 HELD AT _____ PSID | HELD AT: _____ PSID | PASSED <input type="checkbox"/> | |
| BUFFER (A)-(B) = _____ MIN 3 PSI | TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/> | | | | |

DETECTOR READING: _____ TESTER CERT# _____

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

| | |
|---|--|
| TESTER SIGNATURE _____ | GAUGE SERIAL # _____ |
| TESTERS NAME PRINTED _____ | MAKE _____ |
| TESTERS ADDRESS _____ | MODEL _____ |
| COMPANY NAME _____ | DATE TESTED FOR ACCURACY _____ |
| PHONE # _____ | <input type="checkbox"/> WATER RESTORED? |
| REPORT RECEIVED BY: _____ (REPRESENTATIVE OF OWNER) | y/n |

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