



## BACKFLOW ASSEMBLY TEST AND/OR MAINTENANCE REPORT

(This form must be completed for each backflow assembly tested)

### OWNER AND/OR PERSON IN CONTROL INFORMATION

**NAME OF FACILITY** \_\_\_\_\_  
**CONTACT NAME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_  
**MAILING ADDRESS** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**ADDRESS OF BACKFLOW ASSEMBLY** \_\_\_\_\_  
**LOCATION OF BACKFLOW ASSEMBLY** (DESCRIBE WHERE BACKFLOW DEVICE IS ON THE PROPERTY) \_\_\_\_\_

**NEW STRUCTURE** \_\_\_\_\_ **EXISTING STRUCTURE** \_\_\_\_\_ **REPLACEMENT/REPAIR** \_\_\_\_\_ (CHECK ONE)  
**COMMERCIAL** \_\_\_\_\_ **DOMESTIC** \_\_\_\_\_ **IRRIGATION** \_\_\_\_\_ **FIRE** \_\_\_\_\_ **OTHER** \_\_\_\_\_ (CHECK ONE)

The backflow assembly detailed below has been tested and maintained as required by TNRCC regulations and is certified to be operating within acceptable parameters.

#### TYPE OF ASSEMBLY

**REDUCED PRESSURE**      **DOUBLE CHECK**      **PRESSURE VACUUM**      **ATMOSPHERIC VACUUM**  
**REDUCED PRESSURE DETECTOR**      **DOUBLE CHECK DETECTOR**

**MANUFACTURER** \_\_\_\_\_ **MODEL #** \_\_\_\_\_  
**SERIAL #** \_\_\_\_\_ **SIZE** \_\_\_\_\_

	Reduced Pressure Principle Assembly Double Check Valve Assembly		Relief Valve	Pressure Vacuum Breaker	
	1st Check	2nd Check		Air Inlet	Check Valve
Initial Test	DC-Closed Tight RP _____psid Leaked	Closed Tight  Leaked	Opened at _____psid	Opened at _____psid  Did not Open	_____psid  Leaked
Repairs and Materials Used					
Test After Repairs	DC-Closed Tight RP _____psid	Closed Tight	Opened at _____psid	Opened at _____psid	_____psid

#### PLEASE ENTER TEST GAUGE INFORMATION:

**MANUFACTURER** \_\_\_\_\_ **MODEL #** \_\_\_\_\_ **SERIAL #** \_\_\_\_\_  
**DATE GAUGE LAST CALIBRATED** \_\_\_\_\_

**I HEREBY CERTIFY THAT ALL DATA ENTERED ON THIS FORM IS TRUE AND ACCURATE.**

**TESTER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINTED NAME OF TESTER** \_\_\_\_\_ **TESTER #** \_\_\_\_\_

**COMPANY NAME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**COMPANY ADDRESS** \_\_\_\_\_

CITY STATE ZIP

ORIGINAL OF THIS FORM TO BUILDING INSPECTIONS/MAKE COPIES FOR YOUR CLIENT AND YOURSELF

**MAIL OR DELIVER ORIGINAL TO THE FOLLOWING ADDRESS WITHIN 15 DAYS OF TESTING.**

**NAME OF PWS:**

**PWS I.D. #:**

**RETAIN THIS TEST AND/OR MAINTENANCE REPORT FOR 3 YEARS**