



## 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 <input type="checkbox"/> RP _____psid Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____psid	Opened at _____psid  Did not Open <input type="checkbox"/>	_____psid  Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test After Repairs	DC-Closed Tight <input type="checkbox"/> RP _____psid	Closed Tight <input type="checkbox"/>	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