



# BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping purposes. *(Please Print)*

**BACKFLOW ASSEMBLY INFORMATION**

Manufacture \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_ Serial Number \_\_\_\_\_  
 Occupant/Business Name \_\_\_\_\_  
 Physical Address \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Assembly Location on Property \_\_\_\_\_  
 Is this Commercial Property? Yes or No *(Circle One)*

**CUSTOMER INFORMATION**

Property Owner/Agent \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**TYPE OF ASSEMBLY**

- |   |  |
|---|--|
| <input type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Reduced Pressure Principle-Detector     |
| <input type="checkbox"/> Double Check Valve         | <input type="checkbox"/> Double Check-Detector                   |
| <input type="checkbox"/> Pressure Vacuum Breaker    | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

INITIAL TEST	REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER		
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
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"/>	
<b>REPAIRS AND MATERIALS USED</b>					
<b>TEST AFTER REPAIR</b>	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

Is the assembly installed in accordance with manufacture recommendations and/or local codes? YES or NO *(Circle One)*

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

TESTER NAME: \_\_\_\_\_  
 CERTIFICATION #: \_\_\_\_\_  
 CERTIFIED TESTER SIGNATURE: \_\_\_\_\_  
 DATE OF TEST: \_\_\_\_\_  
 PHONE: (\_\_\_\_) \_\_\_\_\_

GAUGE MAKE/MODEL: \_\_\_\_\_  
 GAUGE SERIAL #: \_\_\_\_\_  
 CALIBRATION DATE: \_\_\_\_\_

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

Please forward this report to:

City of Kyle Building Inspection Department  
 P. O. Box 40  
 100 W. Center St.  
 Kyle, Texas 78640  
 Ph: (512) 262-3910 Fax (512) 262-3915