CITY OF BROWNWOOD

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Complete on-site while testing is occurring

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:

NAME OF PWS:	CITY OF BROWNWOOD
PWS ID#:	0250002
MAILING ADDRESS:	PO BOX 1389 BROWNWOOD, TEXAS 76804
CONTACT PERSON:	
LOCATION OF SERVICE:	

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
- ☐ Double Check Valve
- ☐ Pressure Vacuum Breaker
- ☐ Reduced Pressure Principle-Detector
- ☐ Double Check-Detector
- ☐ Spill-Resistant Pressure Vacuum Breaker

Manufacturer:		Size:	
Model Number:		Located At:	
Serial Number:			

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

	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 ☐ Leaked ☐	Held at____psid Closed Tight ☐ Leaked ☐	Opened at__psid Did not open ☐	Opened at____psid Did not open ☐	Held at____psid Leaked ☐
Repairs and Materials Used**					
Test After Repair	Held at____psid Closed Tight ☐	Held at____psid Closed Tight ☐	Opened at__psid	Opened at____psid	Held at____psid

Test gauge used:

Make/Model:		SN:	Date tested for accuracy:
Remarks:			

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

Firm Name:		Certified Tester Name (Print/Type):	
Firm Address:		Certified Tester Name (Signature):	
Firm Phone#:		Cert. Tester No.:	Date of Test:

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