



CITY OF STEPHENVILLE

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 Building Inspector's Office within 5 days of the test for record keeping purposes.

NAME OF PWS: **STEPHENVILLE** Establishment: _____
 PWS I.D. # **0720002** ADDRESS: _____
 Owner's Name _____
 Mailing Address _____ Contact: _____

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.

Rain & Freeze tested **TYPE OF ASSEMBLY**

- Reduced Pressure Principle
- Double Check Valve
- Pressure Vacuum Breaker
- Spill-Resistant Pressure Vacuum Breaker
- RPP Detector
- DC-Detector
- AVB
- OTHER

 Street name
 LOCATION DRAWING HERE

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

(General Description) –

Ex. : (Service Line, Lawn Irrigation, Fire, Soda, Boiler, etc.)

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? **(Please Circle)**
Pass / Fail

Initial Test	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
Test point #1	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Static held at _____ p.s.i.	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"/>
Repairs and Materials Used					
Test After Repair	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

Test Gauge Used	Make/Model CONBRACO 40-200-TK	Serial # 3032283	Calibration Expiration Date:	Irrigation repair <input type="checkbox"/> REPLACEMENT <input type="checkbox"/>
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Firm Name		Firm Physical Address & City, State Zip:		
Firm Phone #	E-mail Address			

Certified Tester (Print Name):	I certify this document to be true at the time of testing
Certified #: _____ Expiration Date: _____	
Signature _____ Date _____	

REMARKS: _____	Notify Property Owner
	<input type="checkbox"/> YES <input type="checkbox"/> NO

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

DETAIL SHEET

VICINITY MAP