



Forward This Original Report to:

Utilities Services Division
 3210 E. Avenue H, Bldg A, Ste 107
 Temple, TX 76501
 (254) 298-5622
 Water System ID No. 0140005

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.

Test and Maintenance Report

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Customer Information - Please Print

Property Owner/Agent: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

Backflow Assembly Information - Please Print

Serial Number: _____ Manufacturer: _____ Model: _____ Size: _____
 New Existing Replacement (Replacement for: _____)
 Is this commercial property? Yes No
 Occupant/Business Name: _____
 Physical Address: _____
 Assembly location on the property: _____
 Reason the assembly is installed: _____

Type of Assembly

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

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

	Reduced Pressure Backflow Assembly			Pressure Vacuum Breaker	
	Double-Check Valve Assembly		Differential Pressure Relief Valve	Spill Resistant Vacuum Breaker	
	#1 Check Valve	#2 Check Valve		Air Relief	Check Valve
Initial Test	DCVA ____ PSI RPZ ____ PSID	DCVA ____ PSI RPZ <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Opened at ____ PSID <input type="checkbox"/> Did Not Open	Opened at ____ PSID <input type="checkbox"/> Did Not Open	Opened at ____ PSID <input type="checkbox"/> Did Not Open
Repairs					
Test After Repairs	DCVA ____ PSI RPZ ____ PSID	DCVA ____ PSI RPZ <input type="checkbox"/> Closed Tight	Opened at ____ PSI	Opened at ____ PSI	Opened at ____ PSI

By signing below, I certify that all information on this test and maintenance report is true and correct at time of testing.

Backflow Test Status Pass Fail Date ____ / ____ / ____
 Test gauge used: Make/Model _____ Gauge Serial Number _____
 Calibration Date ____ / ____ / ____
 Backflow Technician _____ Certification Number _____
 Phone (____) _____ Technician's Signature: _____

Use only Manufacturers replacement parts.