



**CITY OF STEPHENVILLE**

**ALL REPORTS MUST BE SUBMITTED TO SC TRACKING SOLUTIONS.**

**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

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			Air Inlet	Check Valve
	1st Check	2nd Check	Relief Valve		
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	Serial #	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**  
 YES  NO

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

**DETAIL SHEET**

**VICINITY MAP**