



# Stephenville

CITY OF STEPHENVILLE

## BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Permit # _____
<input type="checkbox"/> Incode <input type="checkbox"/> Report <input type="checkbox"/> Map (City use Only)

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**      CONTACT: \_\_\_\_\_  
 PWS I.D. # **0720002**      MAILING ADDRESS: \_\_\_\_\_  
 (Please Print Contact & Address) \_\_\_\_\_  
 PHYSICAL ADDRESS OF SERVICE \_\_\_\_\_

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 |
|   | <input type="checkbox"/> AVB                                     |

Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_ Model Number: \_\_\_\_\_  
 Located At: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Description: \_\_\_\_\_  
 (General Description) – Use Vicinity Map on Back Page      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	<b>Double Check Valve Assembly</b>		<del>Relief Valve</del>	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:	NEW <input type="checkbox"/>
				REPLACEMENT <input type="checkbox"/>

Firm Name		Firm Physical Address & City, State Zip:	
Firm Phone #	E-mail Address		

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

REMARKS: \_\_\_\_\_

<b>Notify Property Owner</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
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TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS (USE ONLY MANUFACTURER'S REPLACEMENT PARTS)

**DETAIL SHEET**

**VICINITY MAP**