



**City of Richardson
BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE
REPORT**

Name of PWS: City of Richardson
 PWS ID# 0570015
 Business/Property Owner Name: _____
 Assembly Address: _____

City of Richardson Use Only
Permit No: _____
Loc ID: _____

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

___ Double Check ___ Double Detector Check ___ Reduced Pressure Principle ___ Pressure Vacuum Breaker

Manufacturer _____ Size _____

Model Number _____ Serial Number _____

Assembly location _____

What does the device protect the potable water from : _____

Assembly installed according to manufacturer`s requirements and/or local codes yes ___ no ___

Rain/freeze sensor installed yes ___ no ___ location _____

	Reduced Pressure Principal Assembly Double Detector Check Assembly Double Check Assembly			Pressure Vacuum Breaker	
Static Pressure _____ psid	1st check	2nd check	Relief valve	Air inlet	Check Valve
Initial Test	DC-Closed ___ psi RP- ___ psi Leaked _____	Closed ___ psi Leaked _____	Opened at _____ psid	Opened at _____ psid	_____ psi Leaked _____
Repairs and Materials used					
Test after Repairs	DC-Closed tight RP- ___ psid	Closed tight	Opened at _____ psid	Opened at _____ psid	_____ psid

The above is certified to be true:

Firm Name: _____ Certified Tester: _____

Firm Address: _____ Tester Phone #: _____

_____ Certified Tester #: _____ Date: _____

Gauge # _____ Calibration Date: _____

NOTICE: This form is required to be placed with the backflow prevention assembly in a water-tight package.