



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- ___psid 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.