



**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**

NAME OF PWS: CITY OF PHARR PUBLIC UTILITIES  
 PWS I.D.: # 1080009  
 BUSINESS NAME OR OWNERS NAME: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 PHYSICAL ADDRESS: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

**TYPE OF ASSEMBLY**

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

Manufacturer \_\_\_\_\_ Size \_\_\_\_\_  Replacement  
 Model Number \_\_\_\_\_ Located At \_\_\_\_\_  
 Serial Number \_\_\_\_\_ Old Serial #: \_\_\_\_\_

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? \_\_\_\_\_

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	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 \_\_\_\_\_ SN: \_\_\_\_\_ Date Tested for Accuracy: \_\_\_\_\_

Remarks: \_\_\_\_\_

The above is certified to be true at the time of testing.

Firm Name \_\_\_\_\_ Certified Tester (print) \_\_\_\_\_  
 Firm Address \_\_\_\_\_ Certified Tester (signature) \_\_\_\_\_ Date \_\_\_\_\_  
 Firm Phone # \_\_\_\_\_ Cert. Tester No. \_\_\_\_\_

CITY OF PHARR PUBLIC UTILITIES OFFICE USE ONLY	
Reviewed By: _____	Date: _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate#: _____

Revised 2/12