



1557 FM 1110 Rd.
 Clint, TX. 79836
 915-791-4480

The following form must be completed for each assembly tested. A **signed and dated form** must be submitted to the Lower Valley Water District for record keeping purposes:

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF PWS: Lower Valley Water District
 PWS I.D. #: 0710154
 MAILING ADDRESS: P.O. Box 909, Clint, TX. 79836
 CONTACT PERSON: New Installations
 LOCATION OF SERVICE: _____
 TEST DATE: _____

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

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

Manufacturer _____ Size _____
 Model Number _____ Located At _____
 Serial Number _____

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		Opened at _____ PSID	Held at _____ PSID
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: _____ Calibration Date: _____
 Remarks: _____

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

Firm Name _____ Certified Tester _____
 Firm Address _____ Cert. Tester No. _____ Date _____
 Firm Phone # _____