



Municipal District Services

**BACKFLOW PREVENTION ASSEMBLY
TEST AND MAINTENANCE REPORT**

406 W. Grand Pkwy S., Suite 260 / Katy, Tx 77494

Main 281.290.6500 / Builder Services 281.290.6503 option 2 / Fax 281.392.3643 / bldrs-services@municipaldistrictservices.com

ILLEGIBLE OR INCOMPLETE TEST REPORTS WILL NOT BE ACCEPTED

NAME OF PWS: _____ PWS I.D.:# _____
 NAME OF PROPERTY: _____
 PROPERTY ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____ PHONE#: _____ EMAIL: _____
 MAILING ADDRESS: _____ CONTACT PERSON: _____

Send This Original Report to: **Municipal District Services / 406 W Grand Pkwy S. Ste 260 / Katy ,TX 77494 / bldrs-services@municipaldistrictservices.com**

THE BACKFLOW PREVENTION ASSEMBLY DETAILED BELOW HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TEXAS COMMISSION ON ENVIRONMENTAL QUALITY REGULATIONS AND IS CERTIFIED TO BE OPERATING WITHIN ACCEPTABLE PARAMETERS

TYPE OF ASSEMBLY

REDUCED PRESSURE PRINCIPLE (RP)
 REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)
 PRESSURE VACUUM BREAKER (PVB)
 DOUBLE CHECK VALVE (DCV)
 DOUBLE CHECK VALVE-DETECTOR (DCD)
 SPILL-RESISTANT PRESSURE VACUUM BREAKER (SVB)

MANUFACTURER _____ MODEL# _____ SIZE _____ SERIAL# _____
 LOCATED AT: _____ DATE INSTALLED: _____

IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATIONS AND/OR LOCAL CODES? _____

| | REDUCED PRESSURE PRINCIPLE ASSEMBLY | | | PRESSURE VACUUM BREAKER & SVB | |
|----------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------|
| | DOUBLE CHECK VALVE ASSEMBLY | | RELIEF VALVE | AIR INLET | CHECK VALVE |
| | 1ST CHECK | 2ND CHECK | | | |
| INITIAL TEST | CLOSED TIGHT <input type="checkbox"/> | CLOSED TIGHT <input type="checkbox"/> | OPENED AT _____ PSID | OPENED AT _____ PSID | HELD AT _____ PSID |
| | HELD AT _____ PSID | HELD AT _____ PSID | DID NOT OPEN <input type="checkbox"/> | DID NOT OPEN <input type="checkbox"/> | LEAKED <input type="checkbox"/> |
| LEAKED | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| REPAIRS AND MATERIAL USED | | | | | |
| TEST AFTER REPAIR | CLOSED TIGHT <input type="checkbox"/> | CLOSED TIGHT <input type="checkbox"/> | OPENED AT _____ PSID | OPENED AT _____ PSID | HELD AT _____ PSID |
| | HELD AT _____ PSID | HELD AT _____ PSID | | | |

TEST GAUGE USED: MAKE/MODEL: _____ S/N _____ Date Tested for Accuracy: _____ {Tested Annually}

REMARKS: _____

THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING

Backflow Test Status Pass Fail

FIRM NAME: _____
 FIRM ADDRESS: _____
 FIRM PHONE #: _____

CERTIFIED TESTER(signature) _____
 CERTIFIED TESTER (print) _____
 CERTIFIED TESTER NO. _____
 DATE: _____
 EMAIL ADDRESS: _____

* TEST REPORTS MUST BE KEPT FOR AT LEAST THREE YEARS.

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS

TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THEREAFTER IN ACCORDANCE WITH THE DISTRICT'S RATE ORDER AND TEXAS COMMISSION OF ENVIRONMENTAL QUALITY REGULATIONS