

Texas Commission on Environmental Quality
BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping *purposes:

NAME OF PWS:	Johnson County Special Utility District
PWS ID#:	TX 1260018
MAILING ADDRESS:	
CONTACT PERSON:	
LOCATION OF SERVICE:	

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:**
- | | |
|---|--|
| <input type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Reduced Pressure Principle-Detector |
| <input type="checkbox"/> Double Check Valve | <input type="checkbox"/> Double Check-Detector |
| <input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> 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? Yes No

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd 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 Name (Print/Type):	
Firm Address:	Certified Tester Name (Signature):	
Firm Phone #:	Cert. Tester No.:	Date of Test:

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS