



P.O. Drawer 400 2665 San Angelo  
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 PWS I.D.: #2050002

**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**

Name BFP Owner: \_\_\_\_\_  
 Property Address \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone # \_\_\_\_\_

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
- 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? \_\_\_\_\_

INITIAL TEST	Reduce Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
	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: \_\_\_\_\_  
 Firm Address: \_\_\_\_\_ Cert. Tester No.: \_\_\_\_\_ Test Date: \_\_\_\_\_  
 Firm Phone #: \_\_\_\_\_

OFFICE USE ONLY		
Date Received : _____	Date Entered: _____	Entered By: _____