

# Backflow Prevention Assembly Test and Maintenance Report

HIGH POINT WATER SUPPLY CORPORATION  
 16983 VALLEY VIEW RD.  
 FORNEY, TEXAS 75126  
 972-564-3801

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

Name of PWS: High Point Water Supply Corporation PWS I.D. #: 1290016

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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:

- |   |  |
|---|--|
| <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: \_\_\_\_\_ Meter ID #: \_\_\_\_\_

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
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check			
Initial Test	Held at ___PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at ___PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at ___PSID <input type="checkbox"/> Did not open	Opened at ___PSID <input type="checkbox"/> Did not open	Held at ___PSID <input type="checkbox"/> Leaked
Repairs and Materials Used					
Test After Repair	Held at ___PSID <input type="checkbox"/> Closed Tight	Held at ___PSID <input type="checkbox"/> Closed Tight	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: \_\_\_\_\_ Certified Tester #: \_\_\_\_\_

Firm Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

**\*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS**