



**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT \***

NAME OF PWS: City of Oak Ridge North, Texas

PWS I.D.#: 1700025

MAILING ADDRESS: 27424 Robinson Road, Oak Ridge North, TX 77385

CONTACT PERSON: Building Department/ John Beisert, Building Official

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: \_\_\_\_\_ Model #: \_\_\_\_\_ Size: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Located at: \_\_\_\_\_

	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 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 & 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

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? \_\_\_\_\_

Test gauge used: (make/model): \_\_\_\_\_ S/N: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Certified Tester: \_\_\_\_\_

Firm Address: \_\_\_\_\_ Cert. Tester No. \_\_\_\_\_ Date: \_\_\_\_\_

Firm Phone # \_\_\_\_\_

\* Test reports must be kept for at least three (3) years. Testing required upon installation, repair, or relocation.\*\*Use only manufacturer's replacement parts.

**City of Oak Ridge North**

27424 Robinson Road • Oak Ridge North, Texas 77385

(281) 292-4648 ext.348 • Fax (281) 367-7729