



BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Name of PWS: CITY OF FORNEY
PWS I.D. #: 1290002
Mailing Address: P.O. Box 826, Forney, Texas 75126
Contact Person: Water System Official
Phone: 972-564-7300

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

Name of Business/Resident _____ Residential Commercial

Address of Assembly: _____ Domestic Irrigation Fireline

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ (Formerly TNRCC) 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: _____ Serial Number: _____

Located At: _____

Newly Installed Device Existing Device Health Non-Health

Is the assembly installed in accordance with manufacturer's recommendations and/or local codes? _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st check	2 nd check		Opened at ___psid	Held at ___psid
Initial Test	Held at ___psid	Held at ___psid	Opened at ___psid	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Pass/Fail (circle one)	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/>		
Repairs and Materials Used					
Test after Repair	Held at ___psid	Held at ___psid Closed Tight <input type="checkbox"/>	Opened at ___psid	Opened at ___psid	Held at ___psid

Remarks: _____

The above is certified to be true at the time of testing. Tester signature: _____

Test gauge used: Make/Model _____ SN: _____ Calibration Date: _____

Firm Name: _____ Certified Tester (print): _____

Firm Address: _____ Cert. Tester No. _____ Exp. Date _____

Firm Phone #: _____ Test Date _____ Retest Date _____

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

****USE ONLY MANUFACTURER'S REPLACEMENT PARTS**

White- Public Works Yellow- Building Inspections Pink - Tester Golden Rod - Customer