

BACKFLOW PREVENTION ASSEMBLE TEST AND MAINTENANCE REPORT

City of Murphy, 206 North Murphy Road, Murphy, TX 75094 PWS I.D.# 0430042

Location of Service: _____

Owner: _____ City Permit # _____

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:

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?

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd 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: _____ Calibration Date: _____
 Remarks: _____

The above is certified to be true at the time of testing.

Firm Name _____ Certified Tester _____
 Firm Address _____ Firm Phone # _____
 Cert. Tester No. _____ Date Tested _____

***TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS**
**** USE ONLY MANUFACTURER'S REPLACEMENT PARTS**
ORIGINAL FORM TO BE RETURNED TO 206 NORTH MURPHY ROAD, MURPHY, TX 75094