



§290.47(f) App. F. Sample Backflow Prevention Assembly Test and Maint. Report

The following form must be completed for each assembly tested. (Note \$15.00 per test) A signed and dated original must be submitted to the public water supplier for record keeping purposes:

**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**

NAME OF PWS: TOWN OF PANTEGO  
 PWS I.D.#: 2200066  
 MAILING ADDRESS: 1614 S. BOWEN RD., PANTEGO, TX 76013  
 CONTACT PERSON: BUILDING INSPECTOR - (817)617-3700 (817)617-3726 Fax or email: info@townofpantego.com  
 CONTRACTOR REG # & EXPIRATION: \_\_\_\_\_  
 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**

- Reduced Pressure Principle
- Double Check Valve
- Pressure Vacuum Breaker
- Reduced Pressure Principle-Detector
- Double Check Valve-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? \_\_\_\_\_

	Reduced Pressure Principle Assembly		Pressure Vacuum Breaker		
	<u>Double Check Valve Assembly</u>		<u>Relief Valve</u>	<u>Air Inlet</u>	<u>Check Valve</u>
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check			
<u>INITIAL TEST</u>	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"/>
<u>REPAIRS &amp; MATERIALS USED</u>					
<u>TEST AFTER REPAIR</u>	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: \_\_\_\_\_ Certified Tester #: \_\_\_\_\_ Date: \_\_\_\_\_

Firm Phone: \_\_\_\_\_

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

\*\*USE ONLY MANUFACTURER'S REPLACEMENT PARTS

**Rules and Regulations for PWSs: 30 TAC 290 Subchapter D**

RG-195 ■ Revised February 2004