

**CITY OF CIBOLO**  
**200 S. MAIN STREET / P.O. BOX 826, CIBOLO, TX 78108**  
**Phone: (210) 658 - 4175 Fax: (210) 658 - 8065**

**BACKFLOW ASSEMBLY - INITIAL TEST & ANNUAL MAINTENANCE REPORT**

Please print - Illegible or incomplete reports will not be accepted

Manufacture: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Size: \_\_\_\_\_

Is this a commercial property? Yes No (Check One) Phone No.: ( ) \_\_\_\_\_

Business Name / Resident: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Assembly location on property: \_\_\_\_\_

New: \_\_\_\_\_ Existing: \_\_\_\_\_ Replacement: \_\_\_\_\_

Customer Information - please print

Property Owner / Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Building: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

	Check Valve #1	* Check Valve #2	Diff. Pressure Relief Valve	Pressure Vacuum Breaker
Initial Test	1. Leaked ( ) 2. Closed tight ( ) Held at _____ PSID	1. Leaked ( ) 2. Closed tight ( ) *Held at _____ PSI	Opened at _____ PSID Leaking ( ) Did not open ( )	Air Inlet Opened at _____ PSI Did not open ( )
R E P A I R S	Cleaned: ( ) <b>Replaced:</b> Disc ( ) Spring ( ) Guide ( ) Pin Retainer ( ) Hinge Pin ( ) Seat ( ) Diaphragm ( ) Other, Describe ( )	Cleaned: ( ) <b>Replaced:</b> Disc ( ) Spring ( ) Guide ( ) Pin Retainer ( ) Hinge Pin ( ) Seat ( ) Diaphragm ( ) Other, Describe ( )	Cleaned: ( ) <b>Replaced:</b> Disc ( ) Upper ( ) Lower ( ) Spring ( ) <b>Diaphragm:</b> <b>Large:</b> Upper ( ) Lower ( ) Small ( ) <b>Seat:</b> Upper ( ) Lower ( ) <b>Space:</b> Lower ( ) Other, Describe ( )	Check Valve Held at _____ PSI Leaked ( ) Cleaned: ( ) <b>Replaced:</b> Air Inlet Disc ( ) Check Disc ( ) Air Inlet Spring ( ) Check Spring ( ) Other, Describe ( )
Final Test	Held at _____ PSID Closed Tight ( )	*Held at _____ PSI Closed Tight ( )	Opened at _____ PSID	Air Inlet _____ PSI Check Valve _____ PSI

**\* Record Reading for DC Only**

I hereby certify the device has been in constant use at this location in a manner approved by the City of Cibolo during the entire prescribed interval between test periods and during this period this assembly was not bypassed, made inoperative, or removed without proper authorization. During this test period, this assembly was not bypassed. All defects found during the operating period or during tests of the assembly were immediately corrected to the specifications and approval of the City of Cibolo.

Backflow Test Status: Pass ( ) Fail ( ) Date of Test \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Test: \_\_\_\_\_ AM / PM Gauge Serial #: \_\_\_\_\_

BPAT License Number: BP \_\_\_\_\_ Gauge Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Backflow Technician: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

Please Print

Certified Technician's Phone Number

\_\_\_\_\_  
Technician's Signature

\_\_\_\_\_  
Location Representative Signature