



BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT

Name of PWS: City of Boerne
PWS I.D. #: 208/70
Mailing Address: PO Box 1677, Boerne, TX 78006
Contact Person: Jesse Aguirre, Chief Building Inspector

Address of Service: _____

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters. The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for records keeping purposes.

Type of Assembly

- Reduced Pressure Principle
- Double Check Valve
- Pressure Vacuum Breaker
- Reduced Pressure Principle-Detector
- Double Check-Detector
- Spill-Resistant Pressure Vacuum Breaker

Manufacturer _____ Model Number _____

Size _____ Serial Number _____

Assembly Location _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? Yes No

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check*		Opened at ___ psid	Held at ___ psid
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"/> Leaking <input type="checkbox"/>	Did not open <input type="checkbox"/>	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

***Record reading for DC only**

Test gauge used: Make/Model _____ SN: _____ Cert. Date: _____

Remarks: _____

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

Firm Name: _____ Tester Name (Print): _____

Firm Address: _____ Tester Cert. # **BP** _____ Lic. Exp. Date: _____

Firm Phone #: _____ Signature of Tester: _____

Test Date: _____ Test Time: _____ A.M. P.M.

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

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