



MUST BE COMPLETELY FILLED OUT IN ORDER TO BE ACCEPTED

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.

THIS FORM MUST COMPLETELY FILL OUT IN ORDER TO BE SUBMITTED

CITY OF DALLAS

KEEPING PURPOSES: # _____ (Permit/Validation/Trace Number)
(May Not Be Left Blank)

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTANCE REPORT

NAME OF PWS: Dallas Water Utilities

PWS I.D. # _____

MAILING ADDRESS: _____

CONTACT PERSON: District Plumbing Inspector
(Please Refer to Backflow Permit for District information)

LOCATION 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.

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: _____ Size: _____

Model Number: _____ Serial Number: _____

Serving Appliance/System _____

Is the assembly installed in accordance with manufacture recommendation and/or local codes? _____
(YES/NO)

	Reduced Pressure 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 Date	Held at _____psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Open at _____psid Did Not Open <input type="checkbox"/>	Did not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Repairs and Material 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's Name: _____

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

Firm Phone #: _____ Contractor #: _____

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

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