

MOUNTAIN PEAK SPECIAL UTILITY DISTRICT

5671 Waterworks Rd.

Midlothian, Texas 76065

PHONE: 972-775-3765 FAX: 972-775-6508

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:

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF PWS: _____

PWS I.D.: # _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

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	
<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 _____ Cert. Tester No. _____ Date _____

Firm Phone # _____

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS