



BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

PWS ID # 950001

The following form must be completed for each assembly tested. A signed and dated original must be submitted to:

City of Abernathy
811 Avenue D
P.O. Box 310
Abernathy, Texas, 79311-0310

Assembly Location Information

Occupant/Business Name: _____
 Service Address: _____ Phone: _____
 Assembly Location (specific): _____

Assembly Information

PVB
 SVB
 DC
 DCVA
 RP
 RPDA
 Air Gap
 Other

Mfg: _____ Size: _____
 Model: _____ Serial No: _____

Check all that apply:

Commercial Residential
 Irrigation Fire Other
 Construction Meter

Reduced Pressure Principle Assembly - <u>MUST BE TESTED ANNUALLY</u>					
Double Check Valve Assembly			Pressure Vacuum Breaker		
Initial Test	Check Valve #1	Check Valve #2	Relief Valve	AIR INLET	
	Held at _____ psid <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked	Held at _____ psid <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked	Opened at _____ psid <input type="checkbox"/> Did not Open	Opened at _____ psid <input type="checkbox"/> Did not Open	
Comments/Repairs	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Assembly Tagged _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Assembly Tagged _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Assembly Tagged _____ _____	Held at _____ psid <input type="checkbox"/> Leaked <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Assembly Tagged	
Final Test	Held at _____ psid <input type="checkbox"/> Closed tight	Held at _____ psid <input type="checkbox"/> Closed tight	Opened at _____ psid	<u>AIR INLET</u> Opened at _____ psid <u>CHECK VALVE</u> Held at _____ psid	
Is the assembly in accordance with manufacturer's recommendations and/or local codes? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Test Gauge Make/Model: _____ Serial #: _____ Calibration Date: _____

THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING.

Tester Signature: _____ Date: _____
 Tester Name (Print): _____ Certified Tester: BP
 Tester Company Name: _____
 Tester Address: _____ Phone #: _____