



# 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?  Yes  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 #: \_\_\_\_\_