



City of Tyler - Development Services Department
423 W. Ferguson, P.O.Box 2039 Tyler, TX 75710
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System I.D. # 2120004

_____ Existing
 _____ New
 _____ Replacement
 Permit # _____

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF OWNER: _____
 MAILING ADDRESS: _____
 TELEPHONE NUMBER: _____
 CONTACT PERSON: _____
 LOCATION OF SERVICE/ASSEMBLY: _____
 DATE OF TEST _____

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
 (circle one)

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

Manufacturer _____ Size _____
 Model Number _____ 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		Opened at _____ psid	Held at _____ psid
Initial Test	Held at _____ psid Closed Tight Leaked	Held at _____ psid Closed Tight Leaked	Opened at _____ psid Did not open	Did Not Open	Leaked
Repairs & Materials					
Test After Repair	Held at _____ psid Closed Tight	Held at _____ psid Closed Tight	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.

Testing Firm Name _____	Certified Tester _____
Testing Firm Address _____	Certified Tester No. _____
Testing Firm Phone # _____	Tester Signature _____
	Certified Date _____