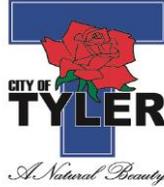


New _____
 Existing _____
 Replacement _____



The City of Tyler
 Building Services Department
 423 W. Ferguson
 Tyler, Texas 75702

Phone: (903) 531-1151
 Fax: (903) 531-1155
 www.tylerbuildingservices.com

DATE OF TEST _____

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT
System I.D. # 2120004

NAME OF OWNER: _____
 OWNER MAILING ADDRESS: _____
 TELEPHONE NUMBER: _____
 CONTACT PERSON: _____

PERMIT #: _____ j Domestic S Irrigation j DDC Fire

BUILDING PERMIT ADDRESS: _____

LOCATION OF SERVICE/ASSEMBLY j at building j inside building j at meter j other _____

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 _____

	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: _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? _____

Remarks: _____

Testing Firm Name _____ Certified Tester _____

Testing Firm Address _____ Licence No. _____

Testing Firm Phone # _____ Licence Certification Date _____

The backflow prevention assembly detailed above has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters.

The above is certified to be true at the time of testing. Signature _____