

Backflow Prevention Assembly Test and Maintenance Report

HIGH POINT WATER SUPPLY CORPORATION
 16983 VALLEY VIEW RD.
 FORNEY, TEXAS 75126
 972-564-3801

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:

Name of PWS: High Point Water Supply Corporation PWS I.D. #: 1290016

Mailing Address: _____

Contact Person: _____

Location of Service: _____

Test Date: _____

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:

- | | |
|--|--|
| <input type="checkbox"/> Reduced Pressure Principle
<input type="checkbox"/> Double Check Valve
<input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> Reduced Pressure Principle Detector
<input type="checkbox"/> Double Check-Detector
<input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |
|--|--|

Manufacturer: _____ Size: _____

Model Number: _____ Located At: _____

Serial Number: _____ Meter ID #: _____

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
	1 st Check	2 nd Check			
Initial Test	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	Held at ___PSID <input type="checkbox"/> Leaked
Repairs and Materials Used					
Test After Repair	Held at ___PSID <input type="checkbox"/> Closed Tight	Held at ___PSID <input type="checkbox"/> 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.

Firm Name: _____ Certified Tester: _____

Firm Address: _____ Certified Tester #: _____

Firm Phone #: _____ License Date: _____

***TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS**