BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

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.

Mailing Address: ____________________________________________ Phone #: __________________________

Contact Person: ____________________________________________ Phone #: __________________________

Location of Service: ________________________________________________________________________

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

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: ____________________________________________ Model Number: ________________

Size: _____________ Serial Number: ______________________

Located at: ____________________________________________

(Please check) New Installation: _____, Annual Test: ____, Repair: ____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? YES or NO

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: __________________________ Cert. Tester No.: __________________________

Firm Phone #: __________________________ Date: __________________________

*TEST RECORDS MUST BE KEPT FOR ATLEAST THREE YEARS
** USE ONLY MANUFACTURER’S REPLACEMENT PARTS

Please forward this report to: City of Cedar Park
Building Inspection Department (new) or Utilities Department (retest)
450 Cypress Creek Rd, Bldg 2 2315 Brushy Creek Loop
Cedar Park, TX 78613 Cedar Park, TX 78613
Phone: 512-401-5100 Fax: 512-258-1471 Phone: 512-401-5592 Fax: 512-401-5593