



Name of PWS: City of Cedar Park

PWS I.D# 2460009

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: _____
 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

	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 Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at ____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ____ psid Did Not Open <input type="checkbox"/>	Opened at ____ psid Did Not Open <input type="checkbox"/>	Held at ____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test After Repair	Held at ____ psid Closed Tight <input type="checkbox"/>	Held at ____ psid Closed Tight <input type="checkbox"/>	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: _____ 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
Industrial Pretreatment Program
2315 Brushy Creek Loop
Cedar Park, TX 78613
Phone: 512-401-5592 Fax: 512-401-5593