

# CITY OF BASTROP

Water and Wastewater  
 P.O. Box 427 / 300 Water Street  
 Bastrop, Texas 78602  
 Ph: (512) 332-8960 Fax: (512) 332-0279

**PWS I.D. # TX0110001**

*The following form must be completed for each assembly tested. A signed and dated original must be submitted to the City of Bastrop's Water and Wastewater Department within five (5) working days of the test, repair or overhaul.*

## BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Name of Water Customer \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Account# \_\_\_\_\_ Meter # \_\_\_\_\_

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

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

Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_  
 Model# \_\_\_\_\_ Location: \_\_\_\_\_  
 Serial# \_\_\_\_\_

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

|                               | Reduced Pressure Principle Assembly                         |   |                                       | Pressure Vacuum Breaker               |                                 |
|-------------------------------|---|---|---------------------------------------|---------------------------------------|---------------------------------|
|                               | Double Check Valve Assembly                                 |   |                                       | Air Inlet                             | Check Valve                     |
|                               | 1st Check   | 2nd Check   | Relief Valve                          | Opened at _____ psid                  | Held at _____ psid              |
| Initial Test                  | Held at _____ psid  | Held at _____ psid  | Opened at _____ psid                  | Did Not Open <input type="checkbox"/> | Leaked <input type="checkbox"/> |
| Pass _____                    | Closed Tight <input type="checkbox"/>                       | Closed Tight <input type="checkbox"/>                       | Did Not Open <input type="checkbox"/> |                                       |                                 |
| Fail _____                    | Leaked <input type="checkbox"/>                             | Leaked <input type="checkbox"/>                             | Leaked <input type="checkbox"/>       |                                       |                                 |
| Repairs and<br>Materials Used |   |   |                                       |                                       |                                 |
| Test After<br>Repair          | Held at _____ psid<br>Closed Tight <input type="checkbox"/> | Held at _____ psid<br>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.*

|                         |   |
|-------------------------|---|
| Company Name            | Licensed Tester Name/Signature                        |
| Company Mailing Address | Licensed Tester #      Date of Test      Time of Test |
| City, State, Zip Code   | Company Phone #                                       |