



Name of PWS: City of Leander

PWS I.D# 2460012

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
- Reduced Pressure Principle-Detector
- Double Check Valve
- Double Check-Detector
- Pressure Vacuum Breaker
- 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 / 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 AT LEAST THREE YEARS

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS

Please forward this report to: **City of Leander Building Inspection Division**
701 Leander Dr.
Leander, TX 78641
Phone 512.528.2752 Fax 512.259.0660