City of Hutchins  
Backflow Prevention Assembly Test and Maintenance Report  
All information **MUST** be filled out or test is invalid

Name of PWS:  City of Hutchins

PWS I.D. #:  0570012

Name:  

Contact:  

Location:  

Mailing Address:  

City, State, Zip

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**

- Reduced Pressure Principle
- Reduced Pressure Principle Detector
- Double Check Valve
- Double Check Detector Valve
- Fireline RPZ
- Fireline Double Check

Manufacturer:  

Size:  

Date Assembly Installed:  

Model Number:  

Serial Number:  

Located At:  

Is the assembly installed in accordance with Manufacturer recommendations and/or local codes?  

<table>
<thead>
<tr>
<th>Reduced Pressure Principle Assembly</th>
<th>Pressure Vacuum Breaker</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Double Check Valve Assembly</strong></td>
<td></td>
</tr>
<tr>
<td>1st Check</td>
<td>2nd Check</td>
</tr>
<tr>
<td>DC-Closed</td>
<td>Closed Tight</td>
</tr>
<tr>
<td>Tight</td>
<td>DC_pps paid</td>
</tr>
<tr>
<td>RP_pps paid</td>
<td>RP_pps paid</td>
</tr>
<tr>
<td>Leaked</td>
<td>Leaked</td>
</tr>
<tr>
<td><strong>Relief Valve</strong></td>
<td></td>
</tr>
<tr>
<td>Opened at ppwppd</td>
<td>Opened at ppwppd</td>
</tr>
<tr>
<td>Did Not Open</td>
<td>Leaked</td>
</tr>
<tr>
<td><strong>Test After Repairs</strong></td>
<td></td>
</tr>
<tr>
<td>DC-Closed</td>
<td>Closed Tight</td>
</tr>
<tr>
<td>Tight</td>
<td>DC_pps paid</td>
</tr>
<tr>
<td>RP_pps paid</td>
<td>RP_pps paid</td>
</tr>
</tbody>
</table>

Test gauge used:  Make/Model  SN:  Calibration Date:  

Remarks:  

The above is certified to be true.  

Signature:  Date:  

Firm Name:  

Certified Tester:  

Firm Address:  

Certified Tester #:  

Phone #:  

Tester Phone #:  

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