

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

- New Install
 Existing
 Replacement

Name of PWS: City of Hutchins

PWS I.D. # 0570012

Name: _____

Phone #: _____

Contact: _____

Fax #: _____

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
 Double Check Valve
 Fireline RPZ
 Reduced Pressure Principle Detector
 Double Check Detector Valve
 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? _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	DC-Closed Tight <input type="checkbox"/> DC _____ psid RP _____ psid Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> DC _____ psid RP _____ psid Leaked <input type="checkbox"/>	Opened at _____ psid	Opened at _____ psid Did Not Open <input type="checkbox"/>	_____ psid Leaked <input type="checkbox"/>
Repairs And Materials Used					
Test After Repairs	DC-Closed Tight <input type="checkbox"/> DC _____ psid RP _____ psid	Closed Tight <input type="checkbox"/> DC _____ psid RP _____ psid	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. 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