

*****BACKFLOW CERTIFICATION IS REQUIRED BEFORE INSPECTION*****

DENTON COUNTY FRESH WATER SUPPLY DISTRICT #6/7 "Lantana"

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF PWS: _____ PWS I.D. # _____
 LOCATION OF SERVICE: _____

The backflow prevention assembly detailed below has been tested and maintained as required by TNRCC regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY
 _____ REDUCED PRESSURE PRINCIPLE _____ PRESSURE VACUUM BREAKER
 _____ DOUBLE CHECK _____ ATMOSPHERE VACUUM BREAKER

MANUFACTURER _____ SIZE _____
 MODEL _____ LOCATED AT _____
 SERIAL NUMBER _____

Initial Test	Double Check Assembly 1 st Check	Reduced Pressure Assembly 1 st Check	Pressure Vacuum Breaker
Pass <input type="checkbox"/>	Held at _____ psid Closed Tight _____ _____ psid	Held at _____ psid Relief Valve Opened at _____ psid	_____
Fail <input type="checkbox"/>	2 nd Check Held at _____ psid Closed Tight _____ _____ psid	2 nd Check Held at _____ psid Relief Valve Opened at _____ psid	Air Inlet _____ Check _____ Open at _____ psid Open at _____ psid Did not open _____ Leaked _____

Repairs and materials used: _____

Test After Repairs	Double Check Assembly 1 st Check	Reduced Pressure Assembly 1 st Check	Pressure Vacuum Breaker
Pass <input type="checkbox"/>	Held at _____ psid Closed Tight _____ _____ psid	Held at _____ psid Relief Valve Opened at _____ psid	_____
Fail <input type="checkbox"/>	2 nd Check Held at _____ psid Closed Tight _____ _____ psid	2 nd Check Held at _____ psid Relief Valve Opened at _____ psid	Air Inlet _____ Check _____ Open at _____ psid Open at _____ psid Did not open _____ Leaked _____

The above is certified to be true. DATE : _____

FIRM NAME _____ CERTIFIED TESTER _____
 FIRM ADDRESS _____ CERTIFIED TESTER NO: _____
 FIRM PHONE # _____ GUAGE CERT. # _____