

*****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
 ____ DOUBLE CHECK

____ PRESSURE VACUUM BREAKER
 ____ 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. # _____

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