



City of Wharton

120 E. Caney • Wharton, TX 77488
Phone (979) 532-2491 • Fax (979) 532-0181

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:

Name of Business: _____ Residential or Commercial
(Circle one)

Property Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone: _____

Type of Assembly

- Reduced Pressure Principle
- Double Check Valve
- Pressure Vacuum Breaker
- Reduced Pressure Principle-Detector
- Double Check-Detector
- Spill Resistant Pressure Vacuum Breaker

Manufacturer: _____ Size: _____

Model Number: _____ Serial Number: _____

Location: _____ Date of Test: _____

Is the assembly installed in accordance with manufacturer recommendation and/or local code? Yes or No

	<u>Reduced Pressure Principle Assembly</u>			<u>Pressure Vacuum Breaker</u>	
	<u>Double Check Valve Assembly</u>		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"/>	Open at ___psid Did Not Open <input type="checkbox"/>	Open 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

Remarks: _____

Test gauge used: Make/Model _____ SN: _____ Date Tested for Accuracy: _____

Company Name: _____ Company Phone#: _____

Company Address: _____ City, State, Zip _____

Cert. Tester No. _____ Exp. Date _____

The above is certified to be true at the time of testing.

Certified Tester (Print): _____ Signature: _____

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

Please complete the entire form with as much information as possible. Please Print Neatly. ALL ORIGINALS MUST BE SUBMITTED to address listed above and to the attention of: Code Enforcement Department