



PWS I.D.#:2200031

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Assembly Condition - Check all that apply to this assembly:			
<input type="checkbox"/> New	<input type="checkbox"/> Existing	<input type="checkbox"/> Repair	<input type="checkbox"/> Replaced by Ser.# _____
<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential	Test Date: _____	
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fireline		
<input type="checkbox"/> Construction Meter	Meter Number _____		
Type of Assembly			
<input type="checkbox"/> Reduced Pressure Principle	<input type="checkbox"/> Reduced Pressure Principle Detector		
<input type="checkbox"/> Double Check Valve	<input type="checkbox"/> Double Check Detector		
<input type="checkbox"/> Pressure Vacuum Breaker	<input type="checkbox"/> Spill Resistant Pressure Vacuum Breaker		

PROPERTY/BUSINESS NAME _____

CONTACT PERSON: _____

CONTACT PERSON ADDRESS: _____

LOCATION STREET ADDRESS: _____

MANUFACTURER AND MODEL: _____ Serial Number: _____ Size: _____

ASSEMBLY LOCATION ON PROPERTY: _____

	Reduced Pressure Principle Assembly		Pressure Vacuum Breaker		
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check			
Initial Test	Held at ___psid	Held at ___psid	Opened at ___psid	Opened at ___psid	Held at ___psid
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>			
Repairs and Materials Used					
Test after repair	Held at ___psid	Held at ___psid	Opened at ___psid	Opened at ___psid	Held at ___psid
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>			

Test Gage Make/Model: _____

Gage Serial Number: _____ Gage Calibration Due Date _____

By signing this form, you affirm that the backflow prevention device described above has been tested and maintained as required by TCEQ and the City of Euless regulations and is certified to be operating within acceptable parameters:

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

Tester Company Name: _____ Tester Name(print) _____

Tester Company Address _____ Tester (signature) _____

Firm Phone Number _____ TCEQ BPAT License No. _____

This form must be completed for each assembly tested. A signed and dated original must be submitted within 10 days to:.

Planning and Development / Building Inspections
 201 N. Ector Drive, Euless, Texas 76039-3595
 817/685-1630 • Fax 817/685-1628
 permits@eulesstx.gov
 www.eulesstx.gov