TOWN OF SUNNYVALE
127 N. COLLINS RD., SUNNYVALE, TX 75182
BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be competed 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 ☐ Commercial

Address of Assembly:_____ ☐ Domestic ☐ Irrigation ☐ Fire line

☐ New Installation or replacement ☐ Annual Test

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 Principal
☐ Double Check Valve
☐ Pressure Vacuum Breaker
☐ Reduced Pressure Principal-Detector
☐ Double Check-Detector
☐ Spill Resistant Pressure Vacuum Breaker

Manufacturer _____ Size _____

Model Number_____ Serial Number_____

Located At_____

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

	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Assembly			Air Net	Check Valve
	First Check	Second Check	Relief Valve		
Initial Test	Held at_____psid Closed tight ☐ Leaked ☐	Held at_____psid Closed tight ☐ Leaked ☐	Opened at____psid Do not open ☐	Opened at____psid Do not open ☐	Held at____psid Leaked ☐
Repairs & Materials Used					
Test after repair	Held at___psid	Held at____psid Closed tight ☐	Opened at____psid	Opened at____psid	Held at___psid

Remarks: _____

The above is certified to be true at the time of testing. Tester signature: _____

Test gauge used: Make/Model_____ SN: _____ Calibration date: _____

Firm Name: _____ Certified Tester (print)_____

Firm Address: _____ Cert. Tester #:_____ Exp. Date: _____

Date Tested: _____