



# Backflow Prevention Assembly Test and Maintenance Report

## Public Water Supplier – City Of Big Spring

### Public Water System ID: 1140001

The following form must be completed for each assembly. A signed and dated original must be submitted to the City of Big Spring Permit Office for TNRCC audits.

Illegible or incomplete reports will not be accepted.

General					
Serial Number:		Manufacturer:		Model:	Size:
<input type="checkbox"/> Commercial		<input type="checkbox"/> Residential		Phone:	
Occupant/Business Name:					
Physical Address:					
Assembly Location on the property:					
Reason for installation :	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fire line	<input type="checkbox"/> Other:		
Mailing Address:			Water Meter Number:		
City: Big Spring		State: TX		Zip: 79720	
Type of Assembly					
<input type="checkbox"/> Reduced Pressure Principal			<input type="checkbox"/> Pressure Vacuum Breaker		
<input type="checkbox"/> Double Check Valve			<input type="checkbox"/> Atmosphere Vacuum Breaker		
Initial Test	Reduced Pressure Backflow Prevention Assembly			Pressure Vacuum Breaker	
	Double-Check Valve Assembly		Pressure Relief Valve	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check	Opened at ____. ____ PSID <input type="checkbox"/> Did Not Open	Opened at ____. ____ PSID <input type="checkbox"/> Did Not Open	Held at ____. ____ PSID <input type="checkbox"/> Leaked
	Held at ____. ____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at ____. ____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked			
Repairs and materials used					
Test After Repairs	Held at _____ PSID <input type="checkbox"/> Closed Tight	Held at _____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID
The backflow prevention assembly listed has been tested and maintained by TCEQ Regulations and is certified to be operating within acceptable parameters.			<input type="checkbox"/> Yes		<input type="checkbox"/> No

I certify that all information on this report is true and correct at the time of testing.

Gauge Test Date:		Gauge Model:			
Gauge Serial #:		Certification#:		Date:	
Firm Name:		Firm Address:		Firm Phone #:	
Backflow Technician (Please print):					
Date:			Signature:		