



The following form must be completed for each assembly tested. A sign and dated original must be submitted to the City of Sulphur Springs for record keeping purposes no later than 10 days after test date. A copy should be left at the testing location. Discrepancies on form may require retesting of assembly.

Name of PWS: City of Sulphur Springs

PWS I.D.:

Service Location / Address: \_\_\_\_\_

Contact Person at Service Location: \_\_\_\_\_

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

Manufacturer:	Size	*Meter Serial #:
Model Number:	Assembly Serial #	
Assembly Location:		

(\*Meter # is only applicable to yard irrigation systems and must be included)

Is the assembly installed in accordance with manufacturer recommendations &/or local codes?	YES	NO
---	-----	----

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air inlet	Check Valve
	1st Check	2nd Check			
Initial Test Date	Held at _____ psi Closed Tight _____ Leaked _____	Held at _____ psi Closed Tight _____ Leaked _____	Opened at _____ psi Did not Open _____	Opened at _____ psi Did not Open _____	Opened at _____ psi Did not Open _____
Repairs and Materials Used					
Test After Repairs	Held at _____ psi Closed Tight _____	Held at _____ psi Closed Tight _____	Opened at _____ psi	Opened at _____ psi	Held at _____ psi
Test Gauge Used:	Serial #:		Calibration Date:		
Remarks:					

**THE ABOVE IS CERTIFIED TO BE TRUE AT TIME OF TESTING.**

Firm name:	Certified Tester:	
Firm Address:	Certified Tester #:	Exp. Date:
	Firm Phone:	

\*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS

\*\*USE ONLY MANUFACTURER'S REPLACEMENT PARTS