

## 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 recordkeeping \*purposes:

NAME OF PWS:	El Oso Water Supply Corporation
PWS ID#:	1280007
MAILING ADDRESS:	PO Box 309, Karnes City, TX 78118
CONTACT PERSON:	Backflow Prevention Section
LOCATION OF SERVICE:	

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:**
- |   |  |
|---|--|
| <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 |

Manufacturer:		Size:	
Model Number:		Located At:	
Serial Number:			

Is the assembly installed in accordance with manufacturer recommendations and/or local codes?  Yes  No

	Reduced Pressure Principle Assembly		Relief Valve	Pressure Vacuum Breaker	
	Double Check Valve Assembly			Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> 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"/>	Opened at ____ psid Did not open <input type="checkbox"/>	Opened at ____ psid Did not open <input type="checkbox"/>	Held at ____ psid Leaked <input type="checkbox"/>
Repairs and 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

Test gauge used:

Make/Model:		SN:		Date tested for accuracy:	
Remarks:					

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

Firm Name:		Certified Tester Name (Print/Type):	
Firm Address:		Certified Tester Name (Signature):	
Firm Phone #:		Cert. Tester No.:	
		Date of Test:	

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

\*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS