



# Fort Bend County Water Control & Improvement District No. 2

2331 South Main Stafford, Texas 77477

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www.fbcwcid2.com

## BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

CUSTOMER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

CUSTOMER MAILING ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

PWS I.D. #: \_\_\_\_\_ 0790004 \_\_\_\_\_

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

Initial Test P/F:	
Final Test P/F:	

### 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 \_\_\_\_\_ Model # \_\_\_\_\_ Size \_\_\_\_\_

Located At \_\_\_\_\_ Serial Number \_\_\_\_\_

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

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	Check Valve #1	Check Valve #2			
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: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

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

Firm Name \_\_\_\_\_ Certified Tester \_\_\_\_\_

Firm Address \_\_\_\_\_ Cert. Tester No. \_\_\_\_\_ Date \_\_\_\_\_

Firm Phone # \_\_\_\_\_

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

\*\*USE ONLY MANUFACTURER'S REPLACEMENT PARTS

**\*\*TEST REPORTS MUST BE SUBMITTED ONLINE AT BSI ONLINE 1-800-414-4990**