CITY OF ALLEN

CITY OF ALLEN COMMUNITY SERVICES DEPARTMENT
BACKLFOW PREVENTION ASSEMBLY TEST REPORT
PWS I.D. 0430025
305 Century Parkway Allen , Texas 75013
214-509-4530 * Fax: 972-390-8418

*****This form must be submitted to Building Inspections Dept prior to scheduling Final Inspection.**

MAKE SURE ALL LINES ARE FILLED IN OR THE FORM IS NOT COMPLETE

Name of Business_____ ☐ Residential ☐ Commercial

Address of Assembly:_____ ☐ Domestic ☐ Irrigation ☐ Fireline

Mailing Address:_____

Contact Person:_____

☐ **New Installation or replacement** ☐ **Annual Test**

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ (Formerly TNRCC) regulations and is certified to be operating within acceptable parameters

TYPE OF ASSEMBLY

1) ☐ Reduced Pressure Principle
2) ☐ Double Check Valve
3) ☐ Pressure Vacuum Breaker

☐ Reduced Pressure Principle-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 Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly			Air Inlet	Check Valve
	1st check	2nd check	Relief Valve		
Initial Test	Held at ____ psid Closed Tight ☐ Leaked ☐	Held at ____ psid Closed Tight ☐ Leaked ☐	Opened at___ psid Did not open ☐	Opened at ___ psid Did not open ☐	Held at ____ psid Leaked ☐
Repairs and 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 No. _____Exp. Date_____

Firm Phone #: _____ Test Date _____ Time:_____

- **TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS.**
- **USE ONLY MANUFACTURER`S REPLACEMENT PARTS.**
- **IF REPLACEMENT DEVICE IS NEEDED PLEASE NOTE OLD DEVICE NUMBER ON FORM.**