



Brushy Creek Municipal Utility District PWS I.D.: #2460061

## Backflow Prevention Assembly Test and Maintenance Report

Mail Test to 16318 Great Oaks Drive Round Rock, Texas 78681

EMAIL [k.young@bcmud.org](mailto:k.young@bcmud.org)

Client Name: \_\_\_\_\_ Date of Test: \_\_\_\_\_

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"/> Double Check-Detector                   |
| <input type="checkbox"/> Reduced Pressure Principle-Detector | <input type="checkbox"/> Pressure Vacuum Breaker                 |
| <input type="checkbox"/> Double Check Valve                  | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

Manufacturer \_\_\_\_\_ Size \_\_\_\_\_

Model # \_\_\_\_\_ Serial # \_\_\_\_\_

Reason for install: \_\_\_\_\_ Location \_\_\_\_\_

The assembly is installed in accordance with manufacturer recommendations and/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			
<b>Initial Test</b>	Held at ___ psid <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at ___ psid <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	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
<b>Repairs &amp; Materials Used</b>					
<b>Test After Repairs</b>	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

**Tester Information**

Tester Firm \_\_\_\_\_ Contact Phone \_\_\_\_\_

Firm Address \_\_\_\_\_

Name of Certified Tester \_\_\_\_\_ Certification Number \_\_\_\_\_

Test Gauge Used Make/Model \_\_\_\_\_

SN \_\_\_\_\_ Calibration Date \_\_\_\_\_

Remarks \_\_\_\_\_

**\*\* USE ONLY MANUFACTURER APPROVED REPLACEMENT PARTS**