# ____________________________ Permit/Validation Number

**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**

**NAME OF PWS:** Dallas Water Utilities  
**PWS I.D. #**  
**MAILING ADDRESS:**  
**CONTACT PERSON:**  

**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**

- [ ] Reduced Pressure Principle  
- [ ] Reduced Pressure Principle Detector  
- [ ] Double Check Valve  
- [ ] Double Check Detector  
- [ ] Pressure Vacuum Breaker  
- [ ] Spill-Resistant Pressure Vacuum Breaker

**Manufacturer:** __________________________  **Size:** __________________________

**Model Number:** __________________________  **Serial Number:** __________________________

**Serving Appliance/System** __________________________

Is the assembly installed in accordance with manufacturer’s installation instructions and/or local codes?  

<table>
<thead>
<tr>
<th>Reduced Pressure Assembly</th>
<th>Pressure Vacuum Breaker</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Double Check Valve Assembly</strong></td>
<td><strong>Air Inlet</strong></td>
</tr>
<tr>
<td>1st Check</td>
<td>2nd Check</td>
</tr>
<tr>
<td>Held at: psid</td>
<td>Held at: psid</td>
</tr>
<tr>
<td>Closed Tight</td>
<td>Closed Tight</td>
</tr>
<tr>
<td>Leaked</td>
<td>Leaked</td>
</tr>
</tbody>
</table>

| Repairs and Material used | | |
|---------------------------|---------------------------|
| Test After Repair | Held at: psid | Held at: psid | Opened at: psid |
| Closed Tight | Closed Tight | Opened 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’s Name:** __________________________________________

**Firm Address:** __________________________________________  **Cert. Tester No.** __________  **Date:** __________

**Firm Phone #:** __________________________  **Contractor #:** __________________________

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS  
**Use only manufacturer’s replacement parts**