



CITY OF DALLAS

MUST BE COMPLETELY FILLED OUT IN ORDER TO BE ACCEPTED

THIS FORM MUST BE COMPLETED FOR EACH ASSEMBLY TESTED. A SIGNED AND DATED ORIGINAL REPORT SUBMITTED TO:

1. *PERMITTED ASSEMBLIES* (newly installed or replacement) SHALL BE SUBMITTED TO BUILDING INSPECTIONS PRIOR TO THE INSPECTION.
2. *ALL OTHER REPORTS (annual-existing)* SHALL BE SUBMITTED TO DALLAS WATER UTILITIES, 4120 SCOTTSDALE DR; DALLAS, TX 75227 FOR RECORD KEEPING.

_____ Permit/Validation Number

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTANCE 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

- | | |
|---|--|
| <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: _____ Serial Number: _____

Serving Appliance/System _____

Is the assembly installed in accordance with manufacturer's installation instructions and/or local codes? _____
(YES/NO)

	Reduced Pressure Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check		Opened at _____ psid	Held at _____ psid
Initial Test Date	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Open at _____ psid Did Not Open <input type="checkbox"/>	Did not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Repairs and Material 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'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**