



BACKFLOW DEVICE TEST REPORT

City of Wylie PWS Identification Number: 0430011
 300 Country Club, Bldg 100, Wylie, TX 75098

Location Device Installed: _____ Permit Number: _____

Customer Name: _____ Phone: _____

The backflow prevention assembly detailed below has been tested and maintained as required by TNRCC regulations and is certified to be operated 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 _____

Located at: _____ Serial Number: _____

	Reduced Pressure Principle Assembly		
	First Check	Second Check	Relief Valve
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"/>
Repairs & Materials Used			
Test after Repair	Held at _____psid Closed Tight <input type="checkbox"/>	Held at _____psid Closed Tight <input type="checkbox"/>	Opened at _____psid

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? ___ Yes ___ No

Test Gauge used: Make/Model _____ SN: _____ Calibration Date: _____

Remarks: _____

The above tested device meets all testing requirements mandated by the TNRCC ___ Yes ___ No

The above information is certified to be true.

Signature of Certified Backflow Tester _____ Printed Name of Certified Backflow Tester _____ Date _____ Time _____

Backflow Tester License Number _____ Company Name _____ Phone Number _____