



City of San Angelo, Texas - Building Permits & Inspections

Backflow Prevention Assembly Test & Maintenance Report



This form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping purposes.

Public Water System: City of San Angelo PWS ID Number: 2260001

Section 1: Basic Information

Name of Business and Owner _____

Mailing Address _____

Physical Address of Service _____

All communications regarding this report will be conducted with only one authorized representative that is listed below.

Name _____ Phone Number _____ Email Address _____

Section 2: Backflow Prevention Assembly Test & Maintenance Report

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

The information provided in this form is certified to be true at the time of testing.

Type of Assembly:

- Reduced Pressure Principle Reduced Pressure Principle-Detector
 Double Check Valve Double Check-Detector
 Pressure Vacuum Breaker Spill-Resistance Pres. Vac. Breaker

Reason:

- Existing Unit
 New Unit
 Replacement Unit

Manufacturer: _____ Size: _____ Model Number: _____ Serial Number: _____

Physical Location of BP Unit (ex: boiler room, mechanic room, etc): _____

Is the assembly installed in accordance with the 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			
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"/>	Opened at ____ psid Did not open <input type="checkbox"/>	Held at ____ psid Leaked <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	Opened at ____ psid	Held at ____ psid

Test Gauge Make/Model Used: _____ SN: _____ Last Calibration Date: ____/____/____

Remarks: _____

Firm Name/Address/Phone Number _____

Certified Tester Name and Signature _____ Certified Tester License Number _____ Backflow Preventer Test Date _____

Send Completed forms to:

City Of San Angelo
 Building Permits & Inspections
 52 W College Ave, San Angelo TX 76903
 Phone: 325-657-4210 #1

FOR OFFICE USE ONLY: Verified Complete Verified Incomplete

Reviewed/Accepted by: _____ Date: ____/____/____