



Date of Test: \_\_\_\_\_ Time: \_\_\_\_\_  
 Backflow Test Status:  Passed  Failed

The following form must be completed for each assembly tested. A signed and dated original must be submitted to City Hall and WCID #3 for record keeping.

**BACKFLOW PREVENTION ASSEMBLY TEST and MAINTENANCE REPORT**

**Customer Information – Please Print**

Property Owner/Agent: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Backflow Assembly Information – Please Print**

Serial Number: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_  
 New  Existing  Replacement Reason Replaced: \_\_\_\_\_  
 Is this commercial property?  Yes  No  
 Occupant/ Business Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Assembly location on the property: \_\_\_\_\_  
 Reason the assembly is installed: \_\_\_\_\_  
 The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters. Is the assembly installed in accordance with manufacturer recommendation and/or local codes?  Yes  No

**Type of Assembly**

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

Initial Test	Reduced Pressure Principle Assembly		Relief Valve	Pressure Vacuum Breaker	
	Double Check Valve Assembly			Air Inlet	Check Valve
	1st Check	2nd Check			
	Held @ ____ psid <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held @ ____ psid <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened @ ____ psid <input type="checkbox"/> Did not open	Opened @ ____ psid <input type="checkbox"/> Did not open	Held @ ____ psid <input type="checkbox"/> Leaked
Repairs & Materials Used					
Test After Repairs	Held @ ____ psid <input type="checkbox"/> Closed Tight	Held @ ____ psid <input type="checkbox"/> Closed Tight	Opened @ ____ psid	Opened @ ____ psid	Held @ ____ psid

By signing below, I certify that all information on this test and maintenance report is true and correct at time of testing.  
 Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Test gauge used: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

Certified Tester: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ Certification#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Testers Signature: \_\_\_\_\_

The City of Nolanville  
 101 N. 5<sup>th</sup> St., Nolanville TX 76559