BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT

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

NAME OF PWS: **TOWN OF LAKEWOOD VILLAGE**
PWS I.D.# **0610032**
LOCATION OF SERVICE: _____

The backflow prevention assembly detailed below has been tested and maintained as required by the TCEQ regulations and is certified to be operating with acceptable parameters.

TYPE OF ASSEMBLY

___ Reduced Pressure Principle ___Pressure Vacuum Breaker

___ Double Check Valve ___Atmosphere Vacuum Breaker

Manufacturer _____ Size _____
Model Number _____ Located at _____
Serial Number _____

REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
Double Check Valve Assembly			Air Inlet	Check Valve
1st Check	2nd Check	Relief Valve	Opened at _____ psid Did not open__	_____ psid Leaked _____
DC-Closed Tight____ RP-____psid Leaked ____	Closed Tight____ Leaked _____	Opened at ____ psid		

The above is certified to be true.

Firm Name _____ Certified Tester _____
Firm Address _____
Certified Tester No. _____ Date _____