

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Mailing Address for Original Reports: P.O. Box 220, McAllen, TX 78505

Drop off Address: 2524 Colbath, McAllen, TX 78503

CUSTOMER INFORMAT	ON(Please Print)	For Office Use Only Customer ID: Location ID:		
Customer Name:				
Physical Address:				
Mailing Address (if differen	nt):			
	Address	City	State	Zip
ASSEMBLY INFORMATI Type- PVB() RP() D/C	ON- NEW () REPLACEME () DCDA ()	NT () ANNUAL TEST ()	
Manufacturer:	Model Number:		Serial Number:	
Size:	Meter Number:			

Location of Assembly on Property:

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker
Initial Test: -	Double Check Valve Assembly		Diff. Pressure Relief Valve	Air Inlet Opened at:
	#1 Check Valve	#2 Check Valve	Opened at:	psid
	Held at:	Held at:	psid	
	psid	psid		Did Not Open ()
	() Closed Tight	() Closed Tight	Did not Open () Cleaned	Check Valve
	() Leaked	() Leaked	Replaced ()	Held at psid
	() Cleaned	() Cleaned	Disc- Upper () Lower ()	() Leaked
	() Other:	() Other:	Spring Diaphram Large-	() Cleaned
DCDA BYPASS	#1 Check Valve	#2 Check Valve	Upper() Lower()	
	Held at:	Held at:	Small ()	Replaced:
	psid	psid	Seat-Upper() Lower()	Air Inlet Disc () Check Disc ()
			Space-Lower () Other ()	Air Inlet Spring () Check Disc ()
	Size:	SN#:		Other:
TEST				
AFTER	Held at:	Held at:	Opened at:	Opened at:
REPAIRS	psid	psid	psid	psid

 Test Gauge Used:
 Make: ______ Model #: ______ Serial#: _____ Calibration Date: ______

 Comments:

Certifications:

I hereby certify that the foregoing data is accurate and reflects the proper operation and maintenance of the captioned equipment. I personally performed or directly supervised the field test herein described. I certify that the Test Gauge listed above has been certified within the last twelve (12) months and a copy of the certification has been submitted to the M.P.U. *Time In:* <u>Time Out:</u> <u>AM/PM</u>

Date:	Certified Tester's Name (print name)	Tester's Firm Name	Phone	Signature		
McAllen Public Utility (Backflow Prevention Program) Phone: (956) 681-1665 Fax: (956) 681-1669						

Email: MPUbackflow@mcallen.net