

## 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