511 Main St. • PO Box 896 • Bandera, Texas 78003 • P: (830) 796-3765 • F: (830) 796-4247

Backflow Prevention Assembly Test and Maintenance Report

The following 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.

Name of PWS: City of Bandera PWS I.D. #: 0100012	
Contact person: City Administrator Phone number: 830-796-3765	
Mailing address: PO Box 896 Bandera, TX 78003	
Location of service:	
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.	l
Type of Assembly: \square Reduced pressure principle \square Double check valve \square Double check valve \square Double check-detector \square Spill-resistant pressure vacuum breaker	
Manufacturer: Date of installation:	
Model number: Serial number:	
Located at:	
Is the assembly installed in accordance with manufacturer's recommendations and/or local codes? \square Yes \square	No
If no, explain:	
Reduced Pressure Backflow Assembly	
Double Check Valve Assembly	
1st Check 2nd Check Relief Valve	
Initial Test	
Repairs and materials used Held at psig Closed tight o Leaked o Leaked o Leaked o Closed tight o Leaked	g
Test after repair Held at psig Closed tight o Psig Closed tight o Closed tight o Closed tight o	g
Test gauge used: Make/model: Serial number:	
Date tested for accuracy: Remarks:	
The above is certified to be true at the time of testing.	
Firm name: Firm address:	
Firm phone number: Certified tester number:	
Certified tester's printed name Certified tester's signature Date	

^{*}Test records must be kept for at least three years.

^{**}Use only manufacturer's replacement parts.