CITY OF BANDERA



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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.

Contact person: City Administrator		
Location of service:		
The backflow prevention assembly detailed below has been tested and maintained as required by commiss regulations and is certified to be operating within acceptable parameters. Type of Assembly:		
regulations and is certified to be operating within acceptable parameters. Type of Assembly:		
Double check valve	mission	
Model number:	\square Double check-detector	
Located at:	Date of installation:	
Is the assembly installed in accordance with manufacturer's recommendations and/or local codes? If no, explain: Reduced Pressure Backflow Assembly		
Reduced Pressure Backflow Assembly Double Check Valve Assembly		
Reduced Pressure Backflow Assembly Double Check Valve Assembly	Yes □ No	
Reduced Pressure Backflow Assembly Double Check Valve 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 Leaked o Closed tight o Leaked o Closed tight o Closed tight o Leaked o Closed tight o Closed		
Initial Test Repairs and materials used Held at psig Closed tight o Closed tight o Leaked o Leaked o Leaked o Leaked o Leaked o Closed tight o Closed tight o Closed tight o Closed tight o Did not open o Closed tight o Clos	•	
Repairs and materials used Held at psig	alve	
Closed tight o Leaked o Did not open o Leaked o Leaked o Closed tight o Closed tight o Closed tight o Closed tight o Serial number: Test gauge used: Make/model: Serial number: Serial number: The above is certified to be true at the time of testing. Firm name: Firm address: Firm address: Serial number:		
Test after repair Held at psig	psig	
Date tested for accuracy: Remarks: The above is certified to be true at the time of testing. Firm name: Firm address:	psig	
Date tested for accuracy: Remarks: The above is certified to be true at the time of testing. Firm name: Firm address:		
Firm name: Firm address:		
Firm name: Firm address:		
Firm phone number: Certified tester number:		

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

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