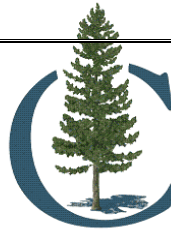


Nancy S. Mikeska, Assistant Director

Chuck Purvis, Certified Building Official



CITY OF CONROE  
COMMUNITY DEVELOPMENT  
(936) 522-3610

### BACKFLOW ASSEMBLY TEST REPORT

NAME OF PWS: City of Conroe

PWS ID#: 1700001

NAME OF PROPERTY or OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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.

#### Type of Assembly

<input type="checkbox"/> Reduced Pressure Principle;	<input type="checkbox"/> Double Check Valve (DCV);	<input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker (SVB)
<input type="checkbox"/> Double Check-Detector (DCD);	<input type="checkbox"/> Reduced Pressure Principle Detector (RPD);	<input type="checkbox"/> Pressure Vacuum Breaker (PVB)
Manufacturer:	Model:	Size:
Serial Number:	Located at:	
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?		<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Test Results

##### Reduced Pressure Principle Assembly

##### Pressure Vacuum Breaker & SVB

Double Check Valve		Relief Valve	Air Inlet	Check Valve
Valve #1	Valve #2			
Initial Test	Initial Test	Initial Test	Initial Test	Initial Test
Held @ _____ psid <input type="checkbox"/> DC-Closed Tight <input type="checkbox"/> Leaked	Held @ _____ psid <input type="checkbox"/> DC-Closed Tight <input type="checkbox"/> Leaked	Opened at _____ psid <input type="checkbox"/> Did not open	Opened at _____ psid <input type="checkbox"/> Did not open	Opened at _____ psid <input type="checkbox"/> Did not open
Repairs/Material Used	Repairs/Material Used	Repairs/Material Used	Repairs/Material Used	Repairs/Material Used
Test After Repairs	Test After Repairs	Test After Repairs	Test After Repairs	Test After Repairs
Held @ _____ psid <input type="checkbox"/> DC-Closed Tight <input type="checkbox"/> Leaked	Held @ _____ psid <input type="checkbox"/> DC-Closed Tight <input type="checkbox"/> Leaked	Held @ _____ psid <input type="checkbox"/> DC-Closed Tight <input type="checkbox"/> Leaked	Held @ _____ psid <input type="checkbox"/> DC-Closed Tight <input type="checkbox"/> Leaked	Held @ _____ psid <input type="checkbox"/> DC-Closed Tight <input type="checkbox"/> Leaked

Test gauge make/model: \_\_\_\_\_ S/N: \_\_\_\_\_ Calibrated Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

The above test is certified to be true at the time of testing.

Certified Tester's Firm Name: \_\_\_\_\_ Certified Tester: \_\_\_\_\_

Firm Address: \_\_\_\_\_ Tester Number: \_\_\_\_\_

Date: \_\_\_\_\_ Firm Phone#: \_\_\_\_\_