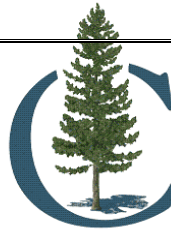


Nancy S. Mikeska, Director



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#: _____