



CITY OF YOAKUM
P.O. BOX 738
YOAKUM, TX. 77995

PWS I.D.0620003

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.

BACKFLOW PREVENTION TEST AND MAINTENANCE REPORT

NEW INSTALLATION ☐ ANNUAL TEST ☐ OTHER ☐ _____

Owner/Business Name: _____ Phone #: _____

Customer Mailing Address: _____

Location of Service: _____
(be specific)

TYPE OF ASSEMBLY

- ☐ Reduced Pressure Principle ☐ Pressure Vacuum Breaker
☐ Double Check Valve ☐ Atmosphere Vacuum Breaker

Manufacturer _____ Serial #: _____

Model Number _____ Size: _____

The backflow prevention assembly detailed above has been tested and maintained according to TNRCC regulations and is certified to be operating within acceptable parameters. TNRCC requires testing of this device in order to maintain your water service.

| | Reduced Pressure Principle Assembly | | | Pressure Vacuum Breaker | |
|----------------------------|---|--|----------------------|---|---|
| | Double Check Valve Assembly | | Relief Valve | Air Inlet | Check Valve |
| | 1 st Check | 2 nd Check | | Opened at _____ psid | _____ psid |
| Initial Test | DC – closed Tight <input type="checkbox"/> RP - _____ psid <input type="checkbox"/> Leaked <input type="checkbox"/> | Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | Opened at _____ psid | Opened at _____ psid Did not open <input type="checkbox"/> | _____ psid Leaked <input type="checkbox"/> |
| Repairs and Materials Used | | | | | |
| Test After Repair | DC – Closed Tight <input type="checkbox"/> RP _____ psid <input type="checkbox"/> | Closed Tight <input type="checkbox"/> | Opened at _____ psid | Opened at _____ psid | _____ psid |

TESTER INFORMATION

Gauge Serial #: _____ Date of last gauge test: _____

Firm Name: _____ Certified Tester (print): _____

Firm Address: _____ Certified Tester #: _____

Certified Tester Signature: _____ Date: _____

Comments: _____

