



City of Manvel
 Backflow Prevention Assembly
 Certified Test Report

Date Tested: _____

The following form must be completed for each assembly tested.
 Signed and dated originals must be submitted to the City of Manvel for record keeping purposes.

Name of Public Water System: _____ Public Water System I.D. No. _____
 Customer Name: _____ Service Address: _____
 Customer Phone: _____ Contact Name: _____

The backflow prevention assembly detailed below has been tested and maintained as required by the TCEQ regulations and is certified to be operating within acceptable parameters.

Type of Assembly

- | | |
|---|--|
| <input type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Reduced Pressure Principle – Detector |
| <input type="checkbox"/> Double Check Valve | <input type="checkbox"/> Double Check Valve – Detector |
| <input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> Spill – Resistant Pressure Vacuum Breaker |

Manufacturer: _____ Size: _____
 Model Number: _____ Serial Number: _____
 Location: _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check		Opened at ____ psid	Held at ____ psid
Initial Test	Held at ____ psid	Held at ____ psid	Opened at ____ psid	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>		
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>			
Repairs and Materials Used					
Test after Repairs	Held at ____ psid Closed Tight <input type="checkbox"/>	Held at ____ psid Closed Tight <input type="checkbox"/>	Opened at ____ psid	Opened at ____ psid	Held at ____ psid

Test Gauge Used: Make/Model _____ SN _____ Date Tested for Accuracy: _____
 C.T.'s Firm Name: _____ Certified Tester: _____
 Firm's Address: _____ Certified Tester #: _____
 Firm's Phone Number: _____ Expiration Date: _____
 City, State, Zip: _____

I certify the above to be true and correct: _____
Signature of Certified Tester

Remarks: _____

*Test records must be kept for three years. ** Use only manufacturer's replacement parts.

Backflows must be inspected annually expiring on the date tested, and a signed copy of the report submitted to the City of Manvel.