



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 ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF PWS: City of Bonham

PWS I.D. # 0740001

LOCATION OF SERVICE: _____

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

TYPE OF ASSEMBLY

Reduced Pressure Principle
Double check Valve

Pressure Vacuum Breaker
Atmosphere Vacuum Breaker

Manufacturer _____

Size _____

Model # _____

Located At _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly			Air Inlet	Check Valve
	1 st Check	2 nd Check			
Initial Test	DC-Closed Tight RP____psid Leaked	Closed Tight Leaked	Relief Valve	Opened at ____psid Did not open	____psid Leaked
Repairs and Materials Used			Opened at ____psid		
Test After Repair	DC-Closed Tight RP____psid	Closed Tight	Opened at ____psid	Opened at ____psid	____psid

The above is certified to be true

Firm Name _____

Certified Tester _____

Firm Address _____

Cert. Tester No. _____ Date _____