



Brushy Creek Municipal Utility District PWS I.D.: #2460061

Backflow Prevention Assembly Test and Maintenance Report

Mail Test to 16318 Great Oaks Drive Round Rock, Texas 78681

EMAIL k.young@bcmud.org

Client Name: _____ Date of Test: _____

Location of Service: _____

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

Type of Assembly

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

Manufacturer _____ Size _____

Model # _____ Serial # _____

Reason for install: _____ Location _____

The assembly is installed in accordance with manufacturer recommendations and/or local codes. Yes No

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

Tester Information

Tester Firm _____ Contact Phone _____

Firm Address _____

Name of Certified Tester _____ Certification Number _____

Test Gauge Used Make/Model _____

SN _____ Calibration Date _____

Remarks _____

**** USE ONLY MANUFACTURER APPROVED REPLACEMENT PARTS**