



BACKFLOW DEVICE TEST REPORT TOWN OF NORTH LAKE

P.W.S. ID#
0610235

Address of Device Installed: _____

Name of Company where device is installed (if applicable): _____

Location of Device: _____

Description of Hazard (see list on back): The backflow prevention assembly detailed below has been tested and maintained by the TCEQ regulations and is certified to be operating within acceptable parameters.

Type of Assembly:

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

Manufacturer: _____ Size: _____

Model Number: _____ Serial Number: _____

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

The above information is certified to be true.

Signature of Certified Tester

Printed Name of Certified Tester

Date Tested

Backflow Tester Number

Company Name

Company Address

Company Phone Number

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

Description of Hazard

MEDICAL-ALL
ANIMAL HOSPITAL
AUTOMOBILE/BOAT REPAIR-BOD
CONVENIENCE
AUDITORIUM -CULTURAL, CNIC CE
DRY CLEANING
EXTERMINATOR
GAS STATION
GOLF COURSE / COUNTRY CLUB
HEALTH CLUB
HOTEL/MOTEL
INDUSTRIAL -HEAVY
INDUSTRIAL-LIGHT
IRRIGATION - COMMERCIAL
IRRIGATION - RESIDENTIAL
LABRATORY-MEDICAL/DENTAL
MANUFACTURING - HEAVY
MANUFACTURING - LIGHT
PRINT SHOP
RESTAURANT / BAR
SCHOOL
SWIMMING POOL PUBLIC
WATER AND WASTE TREATMENT FACILITY
AIR CONDITIONING, CHILL WATER
ASPIRATOR, MEDICAL
AUTO SHAMPOO & WAX
BAPTISMAL FONT
BOILER
CARBONATOR
CUSPINATOR, DENTAL
DEVELOPER,
A U T O M A T I C FIRE
SPRINKLER SYSTEM
FOUNTAIN, SODA
ICE MAKER
IRRIGATION, LAWN
MORTUARY EQUIPMENT
PEST CONTROL EQUIPMENT
SWIMMING POOLS, COMMERCIAL
TANK, CHILLER
TANK, DEVELOPING
TANK, PLATING
TANK, X -RAY DEVELOPING
VETERINARY EQUIPMENT
X-RAY EQUIPMENT
MAIN LINE
OTHER – SPECIFY IN DETAIL