

CHISHOLM-TRAIL

SPECIAL UTILITY DISTRICT

P. O. Box 249 • Florence, Texas 76527 • (254) 793-3103
www.ctsud.org

New Installation
Annual Test

PWS ID#2460043

Water Meter # _____

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: (30 TAC §290.47(f))

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF PWS: _____
PWS I.D.: # _____
MAILING ADDRESS: _____
CONTACT PERSON: - _____
LOCATION OF SERVICE: _____

The backflow prevention assembly detailed below has been tested and maintained as required by commission 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-Detector |
| <input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

Manufacturer _____ Size _____
Model Number _____ Located At _____
Serial Number _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes?

	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 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: _____ Calibration Date: _____

Remarks: _____

The above is certified to be true at the time of testing.

Firm Name _____ Certified Tester (print) _____

Firm Address _____ Certified Tester (signature) _____

Firm Phone _____ Certified Tester No. _____ Date _____