



TRAVIS COUNTY WATER CONTROL AND IMPROVEMENT DISTRICT 17

3812 Eck Lane • Austin, Texas 78734

Phone (512) 266-1111

New Installation

Annual Test

Semiannual Test

**Water and Wastewater Utility
Cross Connection Section Test
and Maintenance Report**

DATE: _____

Please Print:

Address: _____

Owner/Business Name: _____ Phone: _____

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

Device Location: _____

Commercial Property? _____ Reason assembly installed: _____

	REDUCED PRESSURE PRINCIPLE ASSEMBLY	DOUBLECHECK ASSEMBLY	RELIEF VALVE	AIR RELIEF	CHECK VALVE
	1ST CHECK	2ND CHECK			
INITIAL TEST	DC CLOSED TIGHT <input type="checkbox"/> LEAKED _____ PSID	TIGHT <input type="checkbox"/> LEAKED _____ PSID	OPENED AT _____ PSID	CLOSED AT _____ PSID DID NOT OPEN <input type="checkbox"/>	OPENED AT _____ PSID DID NOT CLOSE <input type="checkbox"/>
MATERIALS AND REPAIRS					
TEST AFTER REPAIRS	DC CLOSED TIGHT <input type="checkbox"/> P.S.I. _____ RPZ _____ _____ PSID	CLOSED TIGHT <input type="checkbox"/> P.S.I. _____	OPENED AT _____ PSID	OPENED AT _____ PSID	OPENED AT _____ PSID

The above is certified to be true? _____ Is this assembly installed in accordance with Local Codes: _____

FINAL BACKFLOW TEST STATUS PASS/FAIL

Certified Tester: _____ Gauge Sr. # _____ Cal. Date: _____

Tester Name: _____ Phone No. _____

Mailing Address: _____

City: _____ State: TX Zip: _____ PBAT License #: _____

LEAVE THIS COMPLETED TEST RESULT ATTACHED TO DEVICE