



Travis County Water Control and Improvement District No. 17  
3812 Eck Lane · Austin, Texas 78734

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

Date: \_\_\_\_\_

Residential  Commercial

New Installation  - leave test report on device  
Annual Test  - fax results  
Semiannual Test  - fax results

**Results must be submitted within 5 days. Illegible or incomplete reports will not be accepted.**

<b>Backflow Assembly Information</b>	<b>Please Print</b>
Serial Number: _____	Manufacturer: _____ Model: _____ Size: _____
Occupant/Business Name: _____	
Physical Address: _____	
Assembly Location on Property: _____	
Reason the assembly is installed: _____	

**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 |

	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

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

**FINAL BACKFLOW TEST STATUS**      Pass / Fail

Test gauge used: Make/Model \_\_\_\_\_ SN: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

Company Name: \_\_\_\_\_ Backflow Technician (print) \_\_\_\_\_  
Address: \_\_\_\_\_ Certified Tester (Signature) \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cert. Tester No. \_\_\_\_\_

Fax completed form: (annual/semiannual only)      Residential (512) 266-2790      Commercial: (512) 266-4871