



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 10 days. Illegible or incomplete reports will not be accepted.

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

TYPE OF ASSEMBLY:

- Reduced Pressure Principle
- Double Check Valve
- Pressure Vacuum Breaker
- Reduced Pressure Principle-Detector
- Double Check - Detector
- 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