



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
PWSID #2270027

Date: _____

Residential ☐

Commercial ☐

New Installation ☐

Replacement ☐

Annual Test ☐

Fax (512-266-2790) or email completed form:

Residential: ncardoso@wcid17.org

Commercial: adufek@wcid17.org

Results must be submitted within 5 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. _____