



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. _____