



**TRAVIS COUNTY
WATER CONTROL AND IMPROVEMENT DISTRICT NO.17
3812 ECK LANE • AUSTIN, TEXAS 78734
PHONE (512) 266-1111 • FAX (512) 266-2790**

**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:

- | | |
|---|--|
| <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 Closed Tight Leaked	psid <input type="checkbox"/> <input type="checkbox"/>	Held at Closed Tight Leaked	psid <input type="checkbox"/> <input type="checkbox"/>	Opened at Did not open	psid <input type="checkbox"/>	Opened at Did not open	psid <input type="checkbox"/>	Held at Leaked	psid <input type="checkbox"/>
Repairs and Materials Used										
Test After Repair	Held at Closed Tight	psid <input type="checkbox"/>	Held at Closed Tight	psid <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. _____