



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](mailto:ncardoso@wcid17.org) **Commercial:** [adufek@wcid17.org](mailto:adufek@wcid17.org)

**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 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. \_\_\_\_\_