



3812 Eck Lane • Austin, Tx 78734
 Tel: 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. _____