



City of Galveston
Department of Public Works
Backflow Prevention Assembly
Certified Test and Maintenance Report
 Authorized Charge: \$25 per Nonresidential device tested

This form must be completed for each assembly tested. A signed and dated original must be submitted to the City. Tester and client must receive copy and retain for minimum three year period.

Name of water supplier: **City of Galveston PWS ID #084003**

Client Company and Address: _____

Contact Person and Phone Number: _____

The following backflow assembly has been tested and maintained as required by Texas TCEQ regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY

Existing Device New Device
 Reduced Pressure Principle Reduced Pressure Principle-Detector
 Double Check Valve Double Check-Detector
 Pressure Vacuum Breaker Spill-resistant Pressure Vacuum Breaker

Manufacturer _____ Size _____

Model Number _____ Serial Number _____

Location of Device _____

What does this device feed?: _____

Is the Assembly installed in accordance with manufacturer recommendation and/or City Code? Y N

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check		Opened at _____ psid ___ Did not open	Held at _____ psid ___ Leaked
Initial Test	Held at _____ psid ___ Closed tight ___ Leaked	Held at _____ psid ___ Closed tight ___ Leaked	Opened at _____ psid ___ Did not open		
Repairs and Materials used					
Test After Repair	Held at _____ psid ___ Closed tight ___ Leaked	Held at _____ psid ___ Closed tight ___ Leaked	Opened at _____ psid	Opened at _____ psid	Held at _____ psid

Remarks: _____

Testers Name _____ Testers License #BP _____

Name of Company: _____ Company Phone # _____

Test gauge used: Make/Model _____ SN _____ Calibration Date _____

Test Date

The above is certified true at the time of testing. (Testers Signature)