



City of Galveston
 Department of Development Services
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** Hazard ID# _____

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
 Double Check Valve
 Pressure Vacuum Breaker

Reduced Pressure Principle-Detector
 Double Check-Detector
 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

Changing Out Old Device (Old Device Information)

Manufacturer _____ Size _____

Model Number _____ Serial Number _____

PASS _____ FAIL _____	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)