



GARLAND
WATER UTILITIES

2343 Forest Lane, Garland, Texas 75042
PWS I.D. # 0570010
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BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Testers Name: _____
Company: _____
Address: _____

Phone #: _____

Name of Facility: _____
Address: _____
Onsite Contact **Print Name**: _____
Onsite Contact **Signature**: _____
Phone #: _____ Date: _____

ANNUAL BACKFLOW PREVENTION TESTING INFORMATION:
Certified Tester #: _____
Testing Gauge Serial #: _____
Make/Model Test Gauge Used: _____
Date Tested For Accuracy: _____

PERMIT #: _____
ALL NEW DEVICES MUST HAVE A PERMIT NUMBER
1. [] New Device [] Annual Device [] Replacement - Old Device # _____
2. [] Residential [] Commercial

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters. Is the assembly installed in accordance with manufacturer recommendations and/or local codes? Yes No

Reduced Pressure Principle Assemblies

TYPE	MAKE	MODEL	SERIAL	SIZE	DATE TESTED	CHECK #1 LEAKED	CHECK #2 LEAKED	RELIEF VALVE DID NOT OPEN	LOCATION
						PSID		PSID	
						PSID		PSID	
						PSID		PSID	

Double Check Valve Assemblies OR **PVB/SVB**

TYPE	MAKE	MODEL	SERIAL	SIZE	DATE TESTED	CHECK #1 LEAKED	CHECK #2 AIR INLET	LOCATION
						PSID	PSID	
						PSID	PSID	
						PSID	PSID	

FIRELINE TEST ONLY –Make sure **BYPASS** is “ON” before and after testing. If “OFF” upon arrival let us know.

DETECTOR METER READING - _____

Reduced Pressure Principle Detector Assembly OR **Double Check Detector Assembly**

FIRE ONLY	MAKE	MODEL	SERIAL	SIZE	DATE TESTED	CHECK #1 LEAKED	CHECK #2 LEAKED	RELIEF VALVE DID NOT OPEN	LOCATION
MAIN						PSID	PSID	PSID	
BY-PASS						PSID	PSID	PSID	

Comments: _____

Tester Signature: _____

Print Name: _____

* Make Sure Test Cocks have Plugs

Note: *Test Records must be kept for at least three years.....

** Use only manufacturer's replacement parts

* White Copy must be turned in to City within 10 Days