

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

To be returned to: Southern Utilities Company
 218 North Broadway
 Tyler, Texas 75702

903-593-2588 (Billing Office)
 903-566-3511 (Service Office)
 866-865-5722 (Rusk & Gregg County)

PWS I.D. No.: 2120063 _____ 2010018 _____ (Rusk County)
 Account No.: _____
 Customer Name: _____ Meter No.: _____
 Service Location: _____

Facility Type: Single-family Residence _____ Business _____ Other _____ (describe below)

Reason for Test: Initial _____ Annual _____ New Irrigation System _____ Other _____

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.

TYPE OF ASSEMBLY

- | | |
|--|--|
| <input type="checkbox"/> Reduced Pressure Principle
<input type="checkbox"/> Double Check Valve
<input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> Reduced Pressure Principle - Detector
<input type="checkbox"/> Double Check - Detector
<input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |
|--|--|

Manufacturer: _____ Size: _____
 Model Number: _____ Location: _____
 Serial Number: _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check		Opened at _____ psid	Held at _____ psid
Initial Test	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test After Repair	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Opened at _____ psid	Held at _____ psid

NOTE: Each backflow prevention assembly must be tested individually.

Test Gauge Used: Make/Model: _____ SN: _____ Calibration Date: _____
 Remarks: _____

The above is certified to be true at the time of testing.

Date of Test: _____ Signature: _____ Name (print): _____ Address: _____	Certified Tester No.: _____ Date: _____ Type of License: _____ Endorsement By: _____ Daytime Telephone: _____
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*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE (3) YEARS
 **USE ONLY MANUFACTURER'S REPLACEMENT PARTS
 Form # 101