



City of Humble

RAY PEARSON
CHIEF BUILDING OFFICIAL

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**BACKFLOW PREVENTION ASSEMBLY TEST
AND MAINTENANCE REPORT**

THE FOLLOWING FORM MUST BE COMPLETED FOR EACH ASSEMBLY TESTED. A SIGNED AND DATED ORIGINAL MUST BE SUBMITTED TO THE PUBLIC WATER SUPPLIER FOR RECORD KEEPING PURPOSES

BACKFLOW ASSEMBLY INFORMATION

MANUFACTURER _____ MODEL _____ SIZE _____ SER. # _____

OCCUPANT/BUSINESS NAME _____

PHYSICAL ADDRESS _____ PHONE _____

ASSEMBLY LOCATION ON PROPERTY _____

IS THIS COMMERCIAL PROPERTY? YES or NO (circle one)

CUSTOMER INFORMATION

PROPERTY OWNER/AGENT _____

MAILING ADDRESS _____

TYPE OF ASSEMBLY

- REDUCED PRESSURE PRINCIPLE
- REDUCED PRESSURE PRINCIPLE – DETECTOR
- DOUBLE CHECK VALVE
- DOUBLE CHECK – DETECTOR
- PRESSURE VACUUM BREAKER
- SPILL-RESISTANT PRESSURE VACUUM BREAKER

| INITIAL TEST | REDUCED PRESSURE PRINCIPLE ASSEMBLY | | PRESSURE VACUUM BREAKER | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------|----------------------|
| | DOUBLE CHECK VALVE ASSEMBLY | | RELIEF VALVE | AIR INLET | CHECK VALVE |
| | 1 ST CHECK | 2 ND CHECK | | | |
| HELD AT _____ psi | HELD AT _____ psi | OPENED AT _____ psi | OPENED AT _____ psi | HELD AT _____ Psi | |
| CLOSED TIGHT <input type="checkbox"/> | CLOSED TIGHT <input type="checkbox"/> | DID NOT OPEN <input type="checkbox"/> | DID NOT OPEN <input type="checkbox"/> | LEAKED <input type="checkbox"/> | |
| LEAKED <input type="checkbox"/> | LEAKED <input type="checkbox"/> | | | | |
| REPAIRS AND MATERIALS USED | | | | | |
| TEST AFTER REPAIR | HELD AT _____ psi | HELD AT _____ psi | OPENED AT _____ psi | OPENED AT _____ psi | HELD AT _____ Psi |
| | CLOSED TIGHT <input type="checkbox"/> | CLOSED TIGHT <input type="checkbox"/> | | | |

IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATIONS AND/OR LOCAL CODES? YES OR NO

THE ABOVE IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING

TESTER NAME: _____

GUAGE MAKE/MODEL _____

CERT. #: _____

GUAGE SERIAL # _____

TESTER SIGNATURE _____

CALIBRATION DATE: _____

DATE OF TEST: _____

PHONE: _____

TEST RECORDS MUST BE KEPT OR AT LEAST THREE YEARS - USE ONLY MANUFACTURER'S REPLACEMENT PARTS