BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Mailing address for original reports: P.O.BOX 220, McAllen Tx, 78505
Drop off address: 2524 Colbath, McAllen Tx, 78501

CUSTOMER INFORMATION – (Please Print)

For Office Use Only
Customer ID: _____
Location ID: _____

Customer Name: _____

Physical Address: _____

Mailing Address (if different): _____
Address City State Zip

ASSEMBLY INFORMATON - NEW ( ) REPLACEMENT ( ) ANNUAL TEST ( )
Type - PVB ( ) RP ( ) D/C ( ) DCDA ( )

Manufacturer: _____ **Model Number**: _____ **Serial Number**: _____
Size: _____ **Meter Number**: _____

Location of Assembly on Property: _____

	Reduced Pressure Principle Assembly			**Pressure Vacuum Breaker**
	Double Check Valve Assembly		Diff. Pressure Relief Valve	Air Inlet Opened at: _____ psid Did Not Open ( )
Initial Test	#1 Check Valve Held at: _____ psid ( ) Closed Tight ( ) Leaked ( ) Cleaned ( ) Other	#2 Check Valve Held at: _____ psid ( ) Closed Tight ( ) Leaked ( ) Cleaned ( ) Other:	Opened at: _____ psid Did not Open ( ) Cleaned ( ) Replaced ( ) Disc- Upper ( ) Lower ( ) Spring Diaphragm Large- Upper ( ) Lower ( ) Small ( ) Seat- Upper ( ) Lower ( ) Spacer- Lower ( ) Other ( )	Check Valve Held at _____ psid Leaked ( ) Cleaned ( ) Replaced: Air Inlet Disc ( ) Check Disc ( ) Air Inlet Spring ( ) Check Disc ( ) Other: _____
DCDA BYPASS	#1 Check Valve Held at: _____ psid Size: _____	#2 Check Valve Held at: _____ psid SN#: _____		
Test After Repairs	Held at: _____ psid	Held at: _____ psid	Opened at: _____ psid	Opened at: _____ psid

Test Gauge Used: Make: _____ Model #: _____ Serial #: _____ Calibration Date: _____
Comments: _____
_____

Certifications:
I hereby certify that the foregoing data is accurate and reflects the proper operation and maintenance of the captioned equipment. I personally performed or directly supervised the field test herein described. I hereby certify that the Test Gauge listed above has been certified within the last twelve (12) months and a copy of the certification has been submitted to the M.P.U. *Time In*: _____ *Time Out*: _____ AM/PM

Date:	Certified Testers Name (print name)	Testers Firm Name	Phone #	Signature
_____	_____	_____	_____	_____

McAllen Public Utility (Backflow Prevention Program) Phone: 956-681-1665 Fax: 956-681-1669
Email: MPUbackflow@mcallen.net