CITY OF TEXAS CITY
BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

Name of Water Supplier: CITY OF TEXAS CITY PWS ID #0840068

Client Company and Address: ____________________________________________

Contact Person and Phone Number: ______________________________________

The backflow prevention assembly detailed below has been tested and maintained as required by Texas TCEQ regulations and is certified to be operating within acceptable parameters.

**TYPE OF ASSEMBLY**
- Reduced Pressure Principal
- Reduced Pressure Principle-Detector
- Double Check Valve
- Double Check-Detector
- Pressure Vacuum Breaker
- Spill-Resistant Pressure Vacuum Breaker

Manufacturer: __________________ Serial Number: ______________ Model Number: __________________

Size: __________ Device Location: ________________________________

New device: ______ Existing device: __________

Does the device comply with manufacturer and/or local installment codes? Yes____ No____

Status of device after test: PASS_____ FAIL____

<table>
<thead>
<tr>
<th></th>
<th>Double Check Valve Assembly</th>
<th>Reduced Pressure Principle Assembly</th>
<th>Pressure Vacuum Breaker</th>
</tr>
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<tbody>
<tr>
<td><strong>Initial Test</strong></td>
<td>1st Check</td>
<td>2nd Check</td>
<td>Relief Valve</td>
</tr>
<tr>
<td>Closed Tight</td>
<td>Held at ______ paid</td>
<td>Held at ______ paid</td>
<td>Opened at ______ paid</td>
</tr>
<tr>
<td>Leaked</td>
<td></td>
<td></td>
<td>Did not open</td>
</tr>
<tr>
<td><strong>Repairs and Materials Used</strong></td>
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<tr>
<td><strong>Test After Repair</strong></td>
<td>Held at ______ paid</td>
<td>Held at ______ paid</td>
<td>Opened at ______ paid</td>
</tr>
<tr>
<td>Closed Tight</td>
<td></td>
<td></td>
<td>Did not open</td>
</tr>
</tbody>
</table>

Remarks: ____________________________________________________________

Testers Name: ___________________ Testers License #: ___________________

Company Name: ___________________ Company Phone #: ___________________

Company Address: ____________________________________________________

Test Gauge Used: Make / Model ___________________ SN# ___________ Calibration Date ___________

The above is certified true at the time of testing (Testers Signature) ______ Test Date ___________