

## City of Granbury

### BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be completed for each assembly tested. The form must be printed and signed by the Licensed Tester that performed the work. The hardcopy original must be provided to the Public Water System (PWS) as specified in *3Title 30 of the Texas Administrative Code 290.44(h)(4)(c)*.

**Note:** The form is intended to be completed on-site while testing is occurring.

NAME OF PWS: City of Granbury  
 PWS ID#: 111001  
 MAILING ADDRESS: 116 W. Bridge Street  
 CONTACT PERSON: Jason Barber  
 LOCATION OF SERVICE: \_\_\_\_\_

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

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

Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_  
 Model Number: \_\_\_\_\_ Located At: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_

Is the assembly installed in accordance with manufacturer recommendations and/or local codes?  Yes  No

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check			
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"/>	Opened at ____ psid Did not open <input type="checkbox"/>	Held at ____ psid 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

**Test Gauge Used**

Make/Model:	SN:	Date tested for accuracy:	
Remarks:			

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

Firm Name: \_\_\_\_\_ Certified Tester Name (Print/Type): \_\_\_\_\_  
 Firm Address: \_\_\_\_\_ Certified Tester Name (Signature): \_\_\_\_\_  
 Firm Phone #: \_\_\_\_\_ Cert. Tester No.: \_\_\_\_\_ Date of Test: \_\_\_\_\_

\* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS  
 \*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS  
 City of Granbury Backflow Prevention Assembly Test and Maintenance Report TCEQ-20700 Form (07-08-15)