

CITY OF PFLUGERVILLE
 210-B EAST PECAN STREET
 PHONE: (512) 990-6300
 FAX: (512) 990-4374



BUILDING DEPARTMENT
 PO BOX 589 / 78691
 PFLUGERVILLE, TEXAS 78660

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be completed for each assembly tested. **DO NOT LEAVE THIS REPORT IN METER BOX**
 A signed and dated **ORIGINAL** must be submitted to the public water supplier.

ILLEGAL OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

RESIDENTIAL

COMMERCIAL

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

BACKFLOW ASSEMBLY INFORMATION

Serial Number _____ Manufacturer _____ Model _____ Size _____

Occupant/Business Name _____

Physical Address _____

Assembly Location on Property _____

Purpose of Assembly _____

CUSTOMER INFORMATION

Property Owner/Agent _____

Mailing Address _____ Bldg. _____ Suite# _____

City _____ State _____ Zip Code _____

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

- Reduced Pressure Principle
- Double Check Valve
- Pressure Vacuum Breaker
- Reduced Pressure Principle Detector
- Double Check Detector
- Spill-Resistant Pressure Vacuum Breaker

	<i>REDUCED PRESSURE BACKFLOW PREVENTION ASSEMBLY</i>				<i>PRESSURE VACUUM BREAKER</i>	
	<i>DOUBLE-CHECK VALVE ASSEMBLY</i>		<i>RELIEF VALVE</i>	<i>AIR INLET</i>	<i>CHECK VALVE</i>	
	<i>1ST CHECK</i>	<i>2ND CHECK</i>				
INITIAL TEST	Held at psid Closed Tight Leaked	Held at psid Closed Tight Leaked	Opened at psid Did not open	Opened at psid Did not open	Held at psid Leaked	
TEST AFTER REPAIRS	Held at psid Closed Tight	Held at psid Closed Tight	Opened at psid	Opened at psid	Held at psid	
REPAIRS AND MATERIALS USED						

Test gauge used: Make/Model: _____ SN: _____ Calibration Date: _____

Remarks: _____

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

CERTIFICATION # _____ GAUGE SERIAL # _____

PHONE _____ BACKFLOW TECHNICIAN _____

DATE _____ TECHNICIAN'S SIGNATURE _____

***TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS. **USE ONLY MANUFACTURER'S REPLACEMENT PARTS.**

IRRIGATION SYSTEM MAINTENANCE CHECKLIST

Installation Completion Date: _____

Address: _____

The following items have been provided and explained to the irrigation system owner or system owner's representative.

- The manufacturer's manual for the controller.
- A seasonal watering schedule
- A list of components that require maintenance and the recommended frequency of maintenance is attached.
- A permanent sticker has been attached to the controller indicating the warranty period for the irrigation system and contact information.
- The corrected or re-drawn design plans indicating the actual installation and components of the system.
- Location and operation of the isolation valve.

Irrigation System Owner/Representative

Date

This irrigation system has been installed in accordance with all applicable state and local laws, ordinances, rules, regulations or orders. I have tested the system and determined that it has been installed according to the Irrigation Plans and is properly adjusted for the most efficient application of water at this time.



IRRIGATOR

DATE

IRRIGATION TECHNICIAN

DATE

*Irrigation in Texas is regulated by the Texas Commission on Environmental Quality
(TCEQ) (MC-178) P.O. Box 13087, Austin, Texas 78711-3087.
TCEQ's web site is: www.tceq.state.tx.us*