Forward This Original Report

Upon completion to: **College Station Utilities**
Backflow Prevention
Public Water System ID: 0210002
P.O. Box 9960
College Station, TX 77842

College Station Utilities
Reliable, Affordable, Community Owned

Backflow Prevention Assembly Test and Maintenance Report

Illegible or incomplete reports will not be accepted

Backflow Assembly Information **Please Print**

Serial Number: _____ Manufacturer: _____ Model: _____ Size: _____

Type of Assembly: ❑ RP ❑ DCA ❑ PVB ❑ RP D ❑ DCA-D ❑ SRPVB

Resident / Business Name: _____

Physical Address: _____

Assembly location on the property: _____

Reason the assembly is installed: Fireline: ☐ Domestic: ☐ Irrigation: ☐ Other:_____

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

	Reduced Pressure Backflow Prevention Assembly			Pressure Vacuum Breaker	
	Double-Check Valve Assembly		Pressure Relief Valve		
	1st Check	2nd Check		Air Inlet	Check Valve
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 ❑
Repairs and material used					
Test After Repairs	Held at _____ PSID Closed Tight ❑	Held at _____ PSID Closed Tight ❑	Opened at ___.___PSI	Opened at ___.___PSI	Held at ___.___PSI

The backflow prevention assembly listed has been tested and maintained by TCEQ Regulations and is certified to be operating within acceptable parameters. ❑ Yes ❑ No

I certify that all information on this report is true and correct at the time of testing.

Gauge Test Date: _____ Gauge Model: _____

Gauge Serial #: _____ Certification #: _____Date_____

Firm Name: _____

Firm Address: _____

Backflow Technician: _____
PLEASE PRINT

Firm Phone Number: (___) _____-_____

Date: _____/_____/_____ Signature: _____