

Backflow Prevention Assembly Test and Maintenance Report

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping purposes:

Name of PWS:	Llano County Municipal Utility District #1
PSW I.D.#	1500002
Mailing Address:	2900 Blue Lake Drive Horseshoe Bay, TX 78657
Contact Person/Phone:	Angela Thomas (830) 598-5460
Location of Service:	

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

TYPE of ASSEMBLY

- | | |
|---|---|
| <input type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Pressure Vacuum Breaker |
| <input type="checkbox"/> Double Check Valve | <input type="checkbox"/> Atmospheric Vacuum Breaker |

Manufacturer	Size
Model Number	Located At
Serial Number	

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check		Opened at _____psid	_____psid
Initial Test	DC-Closed Tight <input type="checkbox"/> RP-_____psid Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____psid Did not Open <input type="checkbox"/>	Did not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Repairs & Materials Used**					
Test after Repair	DC-Closed Tight <input type="checkbox"/> RP-_____psid	Closed Tight <input type="checkbox"/> _____psid	Opened at _____psid	Opened at _____psid	_____psid

Test Gauge Used (Make/Model) _____ S/N: _____ Calibration Date _____

REMARKS: _____

The above is certified to be true.

Firm Name _____ Certified Tester _____

Firm Address _____ Cert. Tester No. _____ Date _____

Firm Phone _____

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