



**Forward Original Report Within 10 Days To:**

**City of Lubbock  
Water Conservation & Compliance Dept  
P.O. Box 2000  
Lubbock TX 79457**

PWS ID# 1520002

**Test and Maintenance Report**

**SIGNATURE MUST BE IN BLUE INK / ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED**

**Backflow Assembly Information – Please Print**

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

Is this a commercial property? Yes  No  Phone Number of Contact : \_\_\_\_\_  
(business / customer)

Business/Customer Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(of backflow assembly)

Assembly Location on the property: \_\_\_\_\_  
(where to look for assembly)

Type of device: DCVA  RPBA  PVBA  OTHER: \_\_\_\_\_

New Install  Existing  Replacement  (Replacement for Serial Number \_\_\_\_\_)

Reason the assembly is installed: \_\_\_\_\_  
(what hazards are present i.e. irrigation, chemicals, boiler, or equipment)

Does device comply with TCEQ and City of Lubbock requirements? YES  NO

If No, why not? \_\_\_\_\_

**Customer Information – Please Print**

(if different than above)

Property Owner/Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

	Reduced Pressure Assemblies <sup>1</sup>			Pressure Vacuum Breaker	
	Double Check Assemblies <sup>2</sup>		Relief Valve	SVB	
	1st Check 5 psi <sup>1</sup> ; 1 psi <sup>2</sup> (Min)	2nd Check Check Box <sup>1</sup> ; 1 psi <sup>2</sup> (Min)	Open min 2 psi Buffer min 3 psi	Air Inlet (1 psi min)	Check Valve (1 psi min)
Initial Test PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	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 _____psid Did Not Open <input type="checkbox"/>	Opened _____psid Did Not Open <input type="checkbox"/>	Held at _____psid Leaked <input type="checkbox"/>
Repairs and Materials Used (Cont on back)					
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

**I certify that all information on this report is true and correct.**

Tester's Name (printed) \_\_\_\_\_ BPAT Cert No \_\_\_\_\_

Tester's Signature \_\_\_\_\_ Test Date and Time \_\_\_\_\_

Tester's Address \_\_\_\_\_ Tester's Phone # \_\_\_\_\_

Gauge Calibration Date \_\_\_\_\_ Gauge Serial No \_\_\_\_\_ Gauge Model \_\_\_\_\_

**TEST REPORT MUST BE KEPT FOR THREE YEARS/USE ONLY MANUFACTURER'S REPLACEMENT PARTS**

Revision Date: 03/24/2010

Original – City

Copy – Customer

Copy - Tester