



***This form must be completed by a Certified Backflow Assembly Tester for each assembly tested. A signed and dated original must be submitted to Emerald Bay Municipal Utility District Office at the address below for record keeping purposes. Texas Water Code, 30 TAC 290 Subchapter D**

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

PWS I.D. Number: 2120105

Property Owner: _____ Phone Number: _____

Location of Service: _____

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

TYPE OF ASSEMBLY

- | | |
|---|--|
| <input type="checkbox"/> Reduced Pressure Principal | <input type="checkbox"/> Reduced Pressure Principal-Detector |
| <input type="checkbox"/> Double Check Valve | <input type="checkbox"/> Double Check-Detector |
| <input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

Manufacturer: _____

Size: _____

Model Number: _____

Located At: _____

Serial Number: _____

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

	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd 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 and Model): _____ SN: _____ Calibration Date: _____

Remarks: _____

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

Firm Name: _____

Tester's Signature: _____

Firm Address: _____

Tester Certification Number: _____

City: _____, Texas ZIP _____

Date of Test: _____

Firm Phone Number: _____

***Test records must be kept at least 3 years.**

Tester's Name (Printed): _____

****Use only manufacture's replacement parts.**

**Emerald Bay Municipal Utility District, 155 La Salle Drive, Bullard, Texas 75757
Telephone: (903) 825-6960**