

City of La Vernia  
 102 E. Chihuahua St.  
 La Vernia, TX 78121  
 (830)779-4541



## Backflow Prevention Assembly Test and Maintenance Report

Public Water Supplier Identification Number: **2470004**

City of La Vernia Water Division Point of Contact: **David Mahula, Director of Public Works**

Name/Location/Address where service is provided \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The backflow assembly detailed below has been tested and maintained as required by the Texas Commission on Environmental Quality's regulation and is certified to be operating within acceptable parameters.

**Type of Assembly:**

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

Is the assembly installed in accordance with manufacturer's recommendations and La Vernia Water Utilities Codes? Y/N

Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_

Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Located At: \_\_\_\_\_

	Reduce Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check			
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 & Materials Used					
Test After Repair	Held at _____ psid Closed Tight _____	Held at _____ psid Closed Tight _____	Opened at _____ psid	Opened at _____ psid	Held at _____ psid

Test gauge used: Make/Model: \_\_\_\_\_ SN: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

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

Firm Name: \_\_\_\_\_ Certified Tester: \_\_\_\_\_

Firm Address: \_\_\_\_\_ Cert. Tester No.: \_\_\_\_\_ Date: \_\_\_\_\_

Firm Phone No.: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

**\*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS**

**\*\*USE ONLY MANUFACTURER'S REPLACEMENT PARTS**