**The original copy of this form must be returned to this office. For multiple devices, there must be an original for each device tested!!!

CITY OF DESOTO - DEVELOPMENT SERVICES

BACKFLOW ASSEMBLY TEST / MAINTENANCE REPORT

(This form must be completed for each backflow assembly tested)

OWNER AND/OR PERSON IN CONTROL INFORMATION

NAME OF FACILITY_____

CONTACT NAME_____ PHONE # _____

MAILING ADDRESS_____ FAX #_____

_____

CITY STATE ZIP

ADDRESS OF BACKFLOW ASSEMBLY _____

LOCATION OF BACKFLOW ASSEMBLY (DESCRIBE WHERE BACKFLOW DEVICE IS ON THE PROPERTY) _____

_____

_____

NEW STRUCTURE_____ EXISTING STRUCTURE_____ REPLACEMENT/REPAIR_____ (CHECK ONE)

COMMERCIAL_____ DOMESTIC_____ IRRIGATION_____ FIRE_____ OTHER_____ (CHECK ONE)

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

TYPE OF ASSEMBLY

☐ REDUCED PRESSURE ☐ DOUBLE CHECK ☐ PRESSURE VACUUM ☐ ATMOSPHERIC VACUUM

☐ REDUCED PRESSURE DETECTOR ☐ DOUBLE CHECK DETECTOR

MANUFACTURER_____ MODEL #_____

SERIAL #_____ SIZE_____

	Reduced Pressure Principle Assembly / Double Check Valve Assembly		Relief Valve	Pressure Vacuum Breaker	
	1st Check	2nd Check		Air Inlet	Check Valve
Initial Test	DC-Closed Tight ☐ RP _____psid Leaked ☐	Closed Tight ☐ Leaked ☐	Opened at _____psid	Opened at _____psid Did not Open ☐	_____psid Leaked ☐
Repairs and Materials Used					
Test After Repairs	DC-Closed Tight ☐ RP_____psid	Closed Tight ☐	Opened at _____psid	Opened at _____psid	_____psid

PLEASE ENTER TEST GAUGE INFORMATION:

MANUFACTURER_____ MODEL #_____ SERIAL #_____

DATE GAUGE LAST CALIBRATED_____

I HEREBY CERTIFY THAT ALL DATA ENTERED ON THIS FORM IS TRUE AND ACCURATE.

TESTER SIGNATURE _____ **DATE** _____

PRINTED NAME OF TESTER _____ **TESTER #** _____

COMPANY NAME _____ **PHONE #** _____

COMPANY ADDRESS _____

CITY STATE ZIP

ORIGINAL OF THIS FORM TO BUILDING INSPECTIONS/MAKE COPIES FOR YOUR CLIENT AND YOURSELF

MAIL OR DELIVER ORIGINAL TO THE FOLLOWING ADDRESS WITHIN 15 DAYS OF TESTING.

CITY OF DESOTO - BUILDING INSPECTIONS
211 E. PLEASANT RUN RD
DESOTO, TEXAS 75115

NAME OF PWS: CITY OF DESOTO **PWS I.D. #:** 057006

RETAIN THIS TEST AND/OR MAINTENANCE REPORT FOR 3 YEARS