

City of Lucas

Name of PWS:

## **City of Lucas**

## BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the City of Lucas for record keeping purposes.

PWS I.D.:	04	130054											
Mailing address:		665 Country Club, Lucas, TX 75002-7651											
Contact Person:	В	uilding	Inspecti	ons									
Name of Business:				Permit #:									
Address of Ass	embly:												
The backflow pre		embly o	detailed	below ha	as been	teste	ed and r	naintain	ed as re	auired	by State	of	
Texas regulations										1	<i>y</i>		
O Reduced Pressur			re Principle O				Reduced Pressure Principle-Detector						
	ve				e Check-Detector								
О	Breaker O Spill-Resistant Pressure Vacuum Brea							Breaker					
Manufacturer			Size	e									
Model Number			Located At				Serial #						
Is the assembly in	nstalled in a	ccordai	nce with	manufac	cturer r	econ	nmenda	tions and	l/or loc	al code	es?	-	
	Reduced P	ressure	Principl	e Assem	bly								
	Double Ch	eck Va	lve Asse	mbly									
1st Check		2 <sup>nd</sup> Check			Relie	Relief Valve Air Inlet				Check Valve			
Initial Test H	eld at	_psid	Held a	ıt	osid								
Closed tight	Closed	l tight		Opened	at	psdi	Oper	ned at	psdi	Hel	d at	psdi	
Leaked Leaked			Did not open				Did no	ot open		Leaked at			
Repairs and mate	rials used												
Test and Repair H	eld at	_psdi I	Held at _	psdi	Opene	ed at	psdi	Opene	d at	_psdi	Held at _	psdi	
	Closed tight	-	Close	ed tight									
Test gauge used: Make / Model			SN:				Calibration date						
Remarks:													
The above is cert	ified to be t	rue at tl	ne time o	of testing	Ţ <b>.</b>								
Firm Name:			Firm Address:										
Certified Tester:							Cert	Tester :	#:				
Firm Phone #				Te	st Date	»:							

Test records must be kept for at least three years. Use only manufacturer's replacement parts.