



BACKFLOW DEVICE TEST REPORT
 Town of Fairview Town Hall
 372 Town Place, Fairview, TX 75069

Location Device Installed: _____ Permit Number: _____

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

Type of Assembly

_____ Reduced Pressure Principle _____ Reduced Pressure Principle-Detector
 _____ Double Check Valve _____ Double Check-Detector
 _____ Pressure Vacuum Breaker _____ Spill-Resistant Pressure Vacuum Breaker

Manufacturer: _____ Size: _____ Model Number _____

Located at: _____ Serial Number: _____

	Reduced Pressure Principle Assembly		
	First Check	Second Check	Relief Valve
Initial Test	Held at _____psid	Held at _____psid	Opened at _____psid
Date	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not Open <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	
Repairs & Materials Used			
Test after Repair	Held at _____psid	Held at _____psid	Opened at _____psid
Date	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? ___ Yes ___ No

Test Gauge used: Make/Model _____ S/N: _____ Calibration Date: _____

Remarks: _____

The above tested device meets all testing requirements mandated by the TNRCC ___ Yes ___ No

The above information is certified to be true.

Signature of Certified Backflow Tester Printed Name of Certified Backflow Tester Date

Backflow Tester License Number Company Name Phone Number