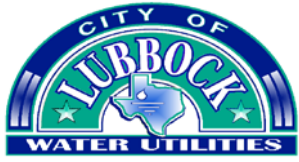


Forward Original Report Within 10 Days To:



City of Lubbock
Water Conservation & Compliance Dept.
 P.O. Box 2000
 Lubbock, TX 79457

Plumbing Permit No: _____

Irrigation Permit No: _____

Test and Maintenance Report

SIGNATURE MUST BE IN BLUE INK / ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Backflow Assembly Information – Please Print

Serial Number: _____ Manufacturer: _____ Model: _____ Size: _____

Is this a commercial property? Yes No Phone Number of Contact: _____

Business Name: _____

Physical Address: _____ City: _____ Zip: _____

Assembly Location on the property: _____

Type of assembly: DCVA RPBA PVBA OTHER: _____

New Install Existing Replacement (Replacement for Serial Number _____)

Reason the assembly is installed: _____

Does assembly comply with TCEQ and City of Lubbock requirements? YES NO

If No, why not? _____

Customer Information – Please Print

Property Owner/Agent: _____

Mailing Address: _____ City: _____ Zip: _____

	Reduced Pressure Assembly			Pressure Vacuum Breaker	
	Double Check Assembly		Relief Valve	SVB	
	1st Check	2nd Check	Open min 2 psi Buffer min 3 psi	Air Inlet	Check Valve
Initial Test PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	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 _____psid Did Not Open <input type="checkbox"/>	Opened _____psid Did Not Open <input type="checkbox"/>	Held at _____psid Leaked <input type="checkbox"/>
Repairs and Materials Used (Cont on back)					
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

I certify that all information on this report is true and correct.

Tester's Name (printed) _____ BPAT Cert No _____

Tester's Signature _____ Test Date and Time _____

Tester's Address _____ Tester's Phone # _____

Gauge Calibration Date _____ Gauge Serial No _____ Gauge Model _____

TEST REPORT MUST BE KEPT FOR THREE YEARS/USE ONLY MANUFACTURER'S REPLACEMENT PARTS

Revision Date: 1/16/2009

Original – City

Copy – Customer

Copy - Tester