



Forward Original Report Within 10 Days To:

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

PWS ID# 1520002

WATER DEPARTMENT

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 / customer)

Business/Customer Name: _____

Physical Address: _____ City: _____ Zip: _____
(of backflow assembly)

Assembly Location on the property: _____
(where to look for assembly)

Type of device: DCVA ☐ RPBA ☐ PVBA ☐ OTHER: _____

New Install ☐ Existing ☐ Replacement ☐ (Replacement for Serial Number _____)

Reason the assembly is installed: _____
(what hazards are present i.e. irrigation, chemicals, boiler, or equipment)

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

If No, why not? _____

Customer Information – Please Print

(if different than above)

Property Owner/Agent: _____

Mailing Address: _____ City: _____ Zip: _____

	Reduced Pressure Assemblies ¹			Pressure Vacuum Breaker	
	Double Check Assemblies ²		Relief Valve	SVB	
	1st Check 5 psi ¹ ; 1 psi ² (Min)	2nd Check Check Box ¹ ; 1 psi ² (Min)		Air Inlet (1 psi min)	Check Valve (1 psi min)
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: 04/17/2017

Original – City

Copy – Customer

Copy - Tester