



The following form must be completed for each assembly tested. A signed and dated **original** must be submitted to the City of University Park for record keeping purposes no later than 10 days after test date. A copy should be left at the testing location. Discrepancies on form may require retesting of assembly.

Name of PWS: **City of University Park**

PWS I.D.: **0570061**

Service Location / Address: \_\_\_\_\_

Contact Person at Service Location: \_\_\_\_\_

The Backflow Prevention Assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters.

**TYPE OF ASSEMBLY**

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

Manufacturer:	Size	*Meter Serial #:
Model Number:	Assembly Serial #	
Assembly Location:		

(\*Meter # is only applicable to yard irrigation systems and must be included)

Is the assembly installed in accordance with manufacturer recommendations &/or local codes?	YES	NO
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	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air inlet	Check Valve
	1st Check	2nd Check			
Initial Test Date	Held at _____ psi Closed Tight _____ Leaked _____	Held at _____ psi Closed Tight _____ Leaked _____	Opened at _____ psi Did not Open _____	Opened at _____ psi Did not Open _____	Opened at _____ psi Did not Open _____
Repairs and Materials Used					
Test After Repairs	Held at _____ psi Closed Tight _____	Held at _____ psi Closed Tight _____	Opened at _____ psi	Opened at _____ psi	Held at _____ psi

Test Gauge Used:	Serial #:	Calibration Date:
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Remarks: \_\_\_\_\_

**THE ABOVE IS CERTIFIED TO BE TRUE AT TIME OF TESTING.**

Firm name:	Certified Tester:		
Firm Address:	Certified Tester #:	Exp. Date:	
	Firm Phone:		

\*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS  
 \*\*USE ONLY MANUFACTURER'S REPLACEMENT PARTS