

**CITY OF HILLSBORO  
BACKFLOW PREVENTION ASSEMBLY TEST  
AND MAINTENANCE REPORT**

**Name of PWS:** City of Hillsboro  
**PWS I.D. #:** 1090001  
**Mailing Address:** P.O. Box 568, Hillsboro, TX 76645  
**Contact Person:** Jimmy Moore, Director of Utilities

**Location of Service:** \_\_\_\_\_

This form must be completed for EACH assembly tested. A signed and dated original must be submitted to the above Public Works department. The backflow prevention detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY	
<input type="checkbox"/> Reduced Pressure Principal <input type="checkbox"/> Double Check Valve <input type="checkbox"/> Pressure Breaker	<input type="checkbox"/> Reduced Pressure Principle-Detector <input type="checkbox"/> Double Check-Detector <input type="checkbox"/> Spill-resistant Pressure Vacuum Breaker

**Manufacturer:** \_\_\_\_\_ **Size:** \_\_\_\_\_  
**Model #:** \_\_\_\_\_ **Located at:** \_\_\_\_\_  
**Serial Number:** \_\_\_\_\_

Is the assembly installed in accordance with manufacturer recommendations and/or local codes?

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
<b>Initial Test</b>	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 at _____ psid Did not open <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/>	Held at _____ psid Leaked <input type="checkbox"/>
<b>Repairs and Materials Used</b>					
<b>Test After Repairs</b>	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

**Test Gauge Used:** Make/Model \_\_\_\_\_ SN: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

**Remarks:** \_\_\_\_\_

The above is certified to be true at the time of testing:

**Firm Name:** \_\_\_\_\_ **Certified Tester:** \_\_\_\_\_

**Firm Address:** \_\_\_\_\_ **Cert. Tester #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Firm Phone #:** \_\_\_\_\_