

**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 76646  
 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"/> Reduced Pressure Principle-Detector
<input type="checkbox"/> Double Check Valve	<input type="checkbox"/> Double Check-Detector
<input type="checkbox"/> Pressure Breaker	<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			
Initial Test	Held at _____ psid <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at _____ psid <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ psid <input type="checkbox"/> Did not open	Opened at _____ psid <input type="checkbox"/> Did not open	Held at _____ psid <input type="checkbox"/> Leaked
Repairs and Materials Used					
Test After Repairs	Held at _____ psid <input type="checkbox"/> Closed Tight	Held at _____ psid <input type="checkbox"/> Closed Tight	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 #: \_\_\_\_\_