

LAVON WATER SUPPLY CORPORATION

The following form must be completed for each assembly tested. A signed and dated original must be submitted to LAVON WATER SUPPLY CORPORATION record keeping purposes:

Backflow Prevention Assembly Test and Maintenance Report

Name of PWS: LAVON WATER SUPPLY CORPORATION
 PWS I.D. Number: 0430037
 Mailing Address: P.O. Box 188 Lavon TX. 75166
 Contact Person: Camille Reagan
 Location of Service: _____

The backflow prevention assembly detail 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 Principal – Detector |
| <input type="checkbox"/> Double Check Valve | <input type="checkbox"/> Double Check – Detector |
| <input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> Spill Resistant Pressure Vacuum Breaker |

Manufacturer: _____ Size: _____
 Model Number: _____ Located At: _____
 Serial Number: _____

Is assembly installed in accordance with manufacturer recommendations and/or local codes? _____ Yes No

Initial Test	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check			
	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"/> Closed Tight
Repairs and Materials Used					
Test after Repair	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 <input type="checkbox"/> Closed Tight

Test Gauge Used:
 Make/Model: _____ SN: _____ Calibration Date: _____

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

Firm Name: _____	Certified Tester: _____
Firm Address: _____	Certified Tester Number: _____
Firm Phone Number: _____	Date Test Performed: _____

*Test Records Must be Kept for at Least Three Years.
 **Use only manufacturer's replacement parts