



# City of Humble

Building / Inspection Dept.  
114 W. Higgins, Humble, Texas 77338 (281) 446-6228  
Fax (281) 446-7902

Ray Pearson  
Chief Building Official

## BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping purposes.  
(Please Print)

### BACKFLOW ASSEMBLY INFORMATION

Manufacture \_\_\_\_\_ Model \_\_\_\_\_ Size \_\_\_\_\_ Serial Number \_\_\_\_\_  
Occupant/Business Name \_\_\_\_\_  
Physical Address \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Assembly Location on Property \_\_\_\_\_  
Is this Commercial Property? Yes or No (Circle One)

### CUSTOMER INFORMATION

Property Owner/Agent \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

INITIAL TEST	REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER		
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
	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"/>
REPAIRS AND MATERIALS USED					
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

Is the assembly installed in accordance with manufacture recommendations and/or local codes? YES or NO (Circle One)

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

TESTER NAME: \_\_\_\_\_  
CERTIFICATION #: \_\_\_\_\_  
CERTIFIED TESTER SIGNATURE: \_\_\_\_\_  
DATE OF TEST: \_\_\_\_\_  
PHONE: (\_\_\_\_) \_\_\_\_\_

GAUGE MAKE/MODEL: \_\_\_\_\_  
GAUGE SERIAL #: \_\_\_\_\_  
CALIBRATION DATE: \_\_\_\_\_

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

Please forward this report to: City of Humble Building Inspection Department  
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Humble, Texas 77338  
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