



BACK FLOW PREVENTION ASSEMBLY TEST

Town of Westlake | 1500 Solana Boulevard, Building 7, Suite 7200 | Westlake, TX 76262

Telephone: (817) 430-0941 | Fax: (817) 430-1812

e-mail: customerservice@westlake-tx.org

PWS ID 2200350

Location of Service: _____ Permit Number: _____

Name of Company Testing for: _____

Company Address: _____

City, State, Zip Code: _____

The backflow prevention assembly detailed below has been tested and maintained as required by TNRCC regulations and is certified to be operating within acceptable parameters.

_____ Reduced Pressure Principal _____ Pressure Vacuum Breaker
_____ Double Check Valve _____ Atmosphere Vacuum Breaker

Manufacturer: _____ Size: _____

Model Number: _____ Serial Number: _____

Specific Use: _____

Existing New Replacement Old S/N : _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly			Air Inlet	Check Valve
Initial Test	First Check <input type="checkbox"/> DC Closed Tight <input type="checkbox"/> Leaked	Second Check <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Relief Valve Opened at _____ PSID	Opened at _____ PSID <input type="checkbox"/> Failed to open	Opened at _____ PSID <input type="checkbox"/> Failed to open
Repairs & Materials List					
Test After Repair	<input type="checkbox"/> DC Closed Tight RP _____ PSID	<input type="checkbox"/> Closed Tight	Opened at _____ PSID	Opened at _____ PSID	_____ PSID

CERTIFIED TESTER INFORMATION

Firm Name: _____ Phone Number: _____

Firm Address: _____

City, State, Zip Code: _____

Certified Tester Number: _____ Certification Expires: _____

Test Gauge Model: _____ S/N: _____ Calibration Date: _____

Tester Signature: _____ Date: _____

Return this form to: *Town of Westlake | 1500 Solana Boulevard, Building 7, Suite 7200 | Westlake, TX 76262 | Public Works Dept.*