



# City of Seabrook

402

## Backflow Assembly Certified Test Report

1100 Red Bluff Rd. Seabrook, TX 77586 Phone: (281) 291-5669 Fax: (281) 291-2364

<b>Owner Name:</b>	<b>PWS ID#: TX1010062</b>
<b>Site Address</b>	
Street:	
City, State, Zip:	
Phone:	
E-Mail:	

**Type of Assembly:**

<input type="checkbox"/> Reduced Pressure Principal <input type="checkbox"/> Double Check Valve <input type="checkbox"/> Pressure Vacuum Breaker	<input type="checkbox"/> Reduced Pressure Principal - Detector <input type="checkbox"/> Double Check Valve <input type="checkbox"/> Spill - Resistant Pressure Vacuum Breaker	
--	---	--

Check Type that Applies

Manufacturer:	Model #:	Size:	Serial #:
Location:		Date Installed:	

Reason for test:  New     Existing     Replacement    Old Model / Serial #: \_\_\_\_\_

Assembly is installed in accordance with manufacturers Recommendations and / or local codes?    Yes     No

Is the assembly installed on a non-potable water supply (auxiliary)?    Yes     No

	Reduced Pressure Principal Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	Held At _____ PSI	Held At _____ PSI	Opened at _____ PSI	Opened at _____ PSI	Held at _____ PSI
	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Did not Open <input type="checkbox"/>	Did not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test After Repairs	Held At _____ PSI	Held At _____ PSI	Opened at _____ PSI	Opened at _____ PSI	Held At _____ PSI
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>			

**Remarks:**

<b>Firm Name:</b>	<b>Certified Tester:</b>
Street:	Tester No:
City, State, Zip:	
Phone:	Date:
E-Mail:	

The Above is certified to be true By: \_\_\_\_\_

<b>Approved</b>	
By:	Date: