

CITY OF CIBOLO
200 S. MAIN STREET / P.O. BOX 826, CIBOLO, TX 78108
Phone: (210) 658 - 4175 Fax: (210) 658 - 8065

BACKFLOW ASSEMBLY - INITIAL TEST & ANNUAL MAINTENANCE REPORT

Please print - Illegible or incomplete reports will not be accepted

Manufacture: _____ Model: _____ Serial #: _____ Size: _____

Is this a commercial property? Yes No (Circle One) Phone No.: (_____) _____

Business Name / Resident: _____

Physical Address: _____

Assembly location on property: _____

New: _____ Existing: _____ Replacement: _____

Customer Information - please print

Property Owner / Agent: _____

Mailing Address: _____ Building: _____ Suite: _____

City: _____ State: _____ Zip: _____

	Check #1 Valve	Check #2 Valve	Diff. Pressure Relief Valve	Pressure Vacuum Breaker
Initial Test	1. Leaked () 2. Closed tight () _____ PSID	1. Leaked () 2. Closed tight () _____ PSID	Opened at _____ PSID Reduced Pressure Did not open ()	Air Inlet Opened at _____ PSID Did not open ()
R E P A I R S	Cleaned: () Replaced: Disc () Spring () Guide () Pin Retainer () Hinge Pin () Seat () Diaphragm () Other, Describe ()	Cleaned: () Replaced: Disc () Spring () Guide () Pin Retainer () Hinge Pin () Seat () Diaphragm () Other, Describe ()	Cleaned: () Replaced: Disc () Upper () Lower () Spring () Diaphragm: Large: Upper () Lower () Small () Seat: Upper () Lower () Space: Lower () Other, Describe ()	Check Valve () Held at _____ PSID Leaked () Cleaned: () Replaced: Air Inlet Disc () Check Disc () Air Inlet Spring () Check Spring () Other, Describe ()
Final Test	PSI Drop (R/P) _____ Closed Tight ()	Closed Tight ()	Opened at _____ PSID Reduced Pressure	Air Inlet _____ PSID Check Valve _____ PSID

I hereby certify the device has been in constant use at this location in a manner approved by the City of Cibolo during the entire prescribed interval between test periods and during this period this device was not bypassed, made inoperative, or removed without proper authorization. During this test period, this device was not bypassed. All defects found during the operating period or during tests of the device were immediately corrected to the specifications and approval of the City of Cibolo.

Backflow Test Status: Pass Fail Gauge Serial Number: _____

BPAT License Number: _____ Test Date: _____ / _____ / _____

Backflow Technician: _____ Phone #: (_____) _____

Please Print

Certified Technician's Phone Number

Technician's Signature

CDS -001

Company Name