



City of McKinney
BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT
 P.O. BOX 517 MCKINNEY, TEXAS 75070

PERMIT NUMBER

YOU MUST BE REGISTERED WITH THE CITY OF MCKINNEY TO TEST ASSEMBLIES.

This form **MUST** be **COMPLETED** (*IN BLUE INK ONLY*) for each assembly tested.
 A **SIGNED** and **DATED ORIGINAL** must be submitted to the Public Water Supplier for Record keeping purposes:

REASON FOR INSPECTION: NEW EXISTING REPLACEMENT RESIDENTIAL COMMERCIAL

NAME OF PUBLIC WATER SYSTEM (PWS): MCKINNEY, TEXAS PWS IDENTIFICATION NUMBER: 0430039
 PROPERTY OWNER: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Contact Person: _____ PHONE NO: _____
 Location of Service: _____

RP DC PVB SVB RPDA DCDA OTHER

SIZE: _____ MAKE: _____ MODEL: _____
 ASSEMBLY LOCATION: _____
 AUTHORIZATION TO TURN WATER SERVICE OFF: _____ TIME: _____ AM / PM
 SYSTEM PSI: _____ FIRE SPRINKLER: BY PASS? YES / NO METER NUMBER: _____

ASSEMBLY SERIAL NO. <input style="width: 90%;" type="text"/>	REDUCED PRESSURE PRINCIPLE ASSEMBLY DOUBLE CHECK VALVE ASSEMBLY			"Use only manufacturer's replacement parts"
INITIAL TEST	CHECK VALVE No. 1 HELD TIGHT at _____ PSID CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>	CHECK VALVE No. 2 HELD TIGHT at _____ PSID CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>	RELIEF VALVE OPENED at _____ PSID DID NOT OPEN <input type="checkbox"/> LEAKED <input type="checkbox"/>	PVB / SVB AIR INLET VALVE OPENED at _____ PSID DID NOT OPEN <input type="checkbox"/>
	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/>	CHECK VALVE HELD at _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/>
REPAIRS: <u>GIVE DETAILS of REPAIRS MADE:</u> <u>HERE</u>	_____ _____ _____	_____ _____ _____	_____ _____ _____	AIR INLET _____ PSID CHECK VALVE _____ PSID
FINAL TEST	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED at _____ PSID	Approved By TCEQ on 11/01/2007

IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURES RECOMMENDATION OR LOCAL CODES? YES NO

COMMENTS: _____
 ASSEMBLY INSTALLED IN WHAT POSITION? VERTICAL VERTICAL DOWN HORIZONTAL OTHER SERVICE RESTORED? YES NO

INITIAL TEST	DATE: _____ TIME: _____ AM / PM	CERTIFIED TESTER NUMBER: _____	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
	TEST BY (SIGNATURE): _____	PRINT NAME: _____	PHONE NUMBER: _____
REPAIR	DATE: _____ TIME: _____ AM / PM	CERTIFIED TESTER NUMBER: _____	
	TEST BY (SIGNATURE): _____	PRINT NAME: _____	PHONE NUMBER: _____
FINAL TEST	DATE: _____ TIME: _____ AM / PM	CERTIFIED TESTER NUMBER: _____	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
	TEST BY (SIGNATURE): _____	PRINT NAME: _____	PHONE NUMBER: _____
GAUGE S/N: _____	LAST DATE GAUGE TESTED FOR ACCURACY: _____	DOMESTIC <input type="checkbox"/>	LAWN SPRINKLER <input type="checkbox"/>
		COMMERCIAL <input type="checkbox"/>	FIRE SPRINKLER: INSIDE <input type="checkbox"/> OUTSIDE <input type="checkbox"/>

**NEW CONSTRUCTION: ORIGINAL MUST BE LEFT AT JOB SITE for CITY OF MCKINNEY INSPECTOR.
 ANNUAL TEST: ORIGINAL MUST BE DELIVERED TO CITY OF MCKINNEY CROSS CONNECTION DEPARTMENT @ 1550 S. COLLEGE ST. BLDG "B"**