

Markout Water Supply Corporation
PO Box 907
Forney, Texas 75126
(972)564-1250

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:

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF PWS: Markout WSC
PWS I.D. #: 1290019
MAILING ADDRESS: _____
CONTACT PERSON: _____
LOCATION OF SERVICE: _____
TEST DATE: _____

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

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

Manufacturer _____ Size _____
Model Number _____ Located At _____
Serial Number _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check		Opened at ___ PSID	Held at ___ PSID
Initial Test	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

Test gauge used: Make/Model: _____ SN: _____ Calibration Date: _____
Remarks: _____

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

Firm Name _____ Certified Tester _____
Firm Address _____ Cert. Tester No. _____ Date _____
Firm Phone # _____

***TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS**