



BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

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. *(Please Print)*

BACKFLOW ASSEMBLY INFORMATION

Manufacture Febco Model 850 Size 1" Serial Number HF6/348
 Occupant/Business Name Highland Homes
 Physical Address 291 West Branch Kyle, TX 78640 Phone: (512) 202-5959
 Assembly Location on Property Right side 10ft from meter
 Is this Commercial Property? Yes or (No) (Circle One)

CUSTOMER INFORMATION

Property Owner/Agent Highland Homes
 Mailing Address 291 West Branch City Kyle Zip Code 78640

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 checked="" 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 |

INITIAL TEST	REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER		
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Held at <u>2.2</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at <u>2.3</u> psid Closed Tight <input checked="" 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

Is the assembly installed in accordance with manufacture recommendations and/or local codes? (YES) or NO (Circle One)

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

TESTER NAME: Brad Weyant
 CERTIFICATION #: BP0016935
 CERTIFIED TESTER SIGNATURE: Brad Wey
 DATE OF TEST: 10/28/2021
 PHONE: (512) 605-9790

GAUGE MAKE/MODEL: Mid West 845
 GAUGE SERIAL #: 10150482
 CALIBRATION DATE: 10/7/2021

*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS
 **USE ONLY MANUFACTURE'S REPLACEMENT PARTS

Please forward this report to:

City of Kyle Building Inspection Department
 P. O. Box 40
 100 W. Center St.
 Kyle, Texas 78640
 Ph: (512) 262-3910 Fax (512) 262-3915