



# 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 Erlo Model 85D Size 1" Serial Number H6 02384  
 Occupant/Business Name Highland Homes  
 Physical Address 132 Bald Eagle Kyle, TX 78640 Phone: (512) 202-5959  
 Assembly Location on Property Right side of Meter  
 Is this Commercial Property? Yes or (No) (Circle One)

**CUSTOMER INFORMATION**

Property Owner/Agent Highland Homes  
 Mailing Address 132 Bald Eagle 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>2.7</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at <u>2.1</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"/>	
<b>REPAIRS AND MATERIALS USED</b>					
<b>TEST AFTER REPAIR</b>	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 #: BR0016935  
 CERTIFIED TESTER SIGNATURE: Brad Wey  
 DATE OF TEST: 5/6/2022  
 PHONE: (512) 605-9790

GAUGE MAKE/MODEL: Mid West  
 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