This highlighted region denotes forms to be submitted to Utilities Administration

Backflow Prevention Assembly Test and Maintenance Report

Classification for External Backflow Location

Car Wash	☐	Hospitals	☐	Nursing Home	☐	Other:	
Blg 8 stories or more	☐	Laundries/ dry cleaners	☐	Oil Change location	☐		
Dental Clinics	☐	Medical Offices	☐	Service Station	☐		
Funeral Parlor	☐	Metal Fabrication	☐	Veterinary Clinics	☐		

*** Mail these reports to: City of Midland, Utilities Dept., P.O.Box 1152, Midland, Tx 79702**

Classification for Internal Backflow Units

Kitchen Equipment-Commercial	☐	Steam Generators	☐	Medical Devices:	☐
Sprinkler (fire prevention)	☐	Swimming Pools	☐	Other:	
Sprinkler System(yard)	☐	Vending Machines	☐		

*** Mail these reports to: City of Midland, Code Administration, P.O.Box 1152, Midland, Tx 79702**

this highlighted region denotes forms to be submitted to Code Administration

Name of Public Water System

City of Midland/1650001 ☐ Air Terminal/1650002 ☐

Illegible or incomplete reports will not be accepted

Type of Assembly

Reduced Pressure Principle	☐	Reduced Pressure Principle-Detector	☐
Double Check Valve	☐	Double Check-Detector	☐
Pressure Vacuum Breaker	☐	Spill-Resistant Pressure Vacuum Breaker	☐

Manufacturer _____ Size _____

Model number _____ Unit Location _____

Serial Number

This highlighted region contains information required by TCEQ

Is the Assembly Installed in accordance with Local Codes? Yes ☐ No ☐

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Assembly				
	1st Check	2nd Check	Relief Valve	Air Inlet	CheckValve
Initial Test	Held at _____ psid Closed tight ☐ Leaked ☐	Held at _____ psid Closed tight ☐ Leaked ☐	Opened at _____ psid Did not open ☐	Opened at _____ psid Did not open ☐	Opened at _____ psid Did not open ☐
Repairs & Materials Used					
Test After Repair	Held at _____ psid Closed Tight ☐	Held at _____ psid Closed Tight ☐	Opened at _____ psid	Opened at _____ psid	Held at _____ psid

Final Unit Status: Pass ☐ Fail ☐

Technician Information

Test gauge used: Make/Model _____ SN: _____ Date Tested for Accuracy: _____

Company Name: _____ Cert. Tester Number: _____

Company Address: _____

Technician Name: _____ Date of inspection: _____

**The above is certified true at the time of testing*

Phone Number: Signature:

Customer Information/Please Print

Property Owners Name: _____

Owners Address: _____

City: _____ State: _____ Zip: _____

Backflow Property Address: _____

City: _____ State: _____ Zip: _____

Phone Number:

accepted by TCEQ on February 26th, 2009

Signature: