



2730 Country Club Rd., Suite E1, Lucas, TX. 75002  
 (Wolf Creek Village Office Complex)  
 (972) 442-6875 district@slud.us

Original form must be submitted to the District office.

**Periodic Test and Maintenance Report**  
 Illegible or incomplete reports will not be accepted.

**Backflow Assembly Information:** PLEASE PRINT

Serial Number: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_  
 Size: \_\_\_\_\_ Assembly location on property: \_\_\_\_\_  
 Assembly Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Reason the Assembly is installed: \_\_\_\_\_

New Installation: \_\_\_\_\_ Existing: Existing: \_\_\_\_\_ Replacement: \_\_\_\_\_

**Customer Information:** PLEASE PRINT

Property Owner / Agent: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*The backflow prevention assembly detailed below has been tested and maintained as required by the TCEQ regulations and is certified to be operating withing acceptable parameters.*

**Reduced Pressure Backflow Prevention Assembly**

Initial Test	Double Check Valve Assembly		Differential Pressure Relief Valve	Pressure Vacuum Breaker	
	#1 Check Valve	#2 Check Valve		Air Relief	SR Vacuum Breaker
	DCVA _____ PSI	DCVA _____ PSI	Opened at _____ PSID	Opened at _____ PSI	Check Valve Closed at _____ PSID
	RPZ _____ PSI	RPZ Leaked: _____ Closed Tight: _____	Did Not Open: _____	Did Not Open: _____	Did Not Close: _____

**Repairs**

Test After Repairs	DCVA _____ PSI	DCVA _____ PSI	Opened at _____ PSI	Opened at _____ PSI	Closed at _____ PSI
	RPZ _____ PSID	RPZ Closed Tight: _____			

**I certify that all information on this report is true and correct. I certify that the following is on file with Seis Lagos Utility District; copy of TCEQ backflow license, copy of driver's license, copy of current calibration of gauges & proof of insurance.**

**Backflow Test Status:** **PASS:** \_\_\_\_\_ **FAIL:** \_\_\_\_\_

Certification # \_\_\_\_\_ Gauge Make / Model: \_\_\_\_\_ Gauge Serial # \_\_\_\_\_

Calibration Date: \_\_\_\_\_ Backflow Technician: \_\_\_\_\_

Firm Name / Address: \_\_\_\_\_ Firm Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_