



**CITY OF CHOCTAW  
BACKFLOW PREVENTION ASSEMBLY  
TEST AND MAINTENANCE REPORT**

Permit # \_\_\_\_\_  
 ZonePro  Report  Map  
 (City use Only)

*The following form must be completed for each assembly tested. A signed and dated original must be submitted to the City of Choctaw within 5 days of the test for record keeping purposes.*

NAME OF PWS: CHOCTAW CONTACT: \_\_\_\_\_  
 PWS I.D. # \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_  
 (Please Print Contact & Address) \_\_\_\_\_  
 PHYSICAL ADDRESS OF SERVICE \_\_\_\_\_

*The backflow prevention assembly detailed below has been tested and maintained. 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 Break                   | <input type="checkbox"/> AVB                                 |
| <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker | <input type="checkbox"/> OTHER                               |

Manufacturer: \_\_\_\_\_ Size: \_\_\_\_\_ Model Number: \_\_\_\_\_  
 Located At: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 \_\_\_\_\_ Description: \_\_\_\_\_

*(General Description) – Use Vicinity Map on Back Page*

*Ex.:(Service Line, Lawn Irrigation, Fire, Soda, Boiler, etc.)*

*Is the assembly installed in accordance with manufacturer recommendations and/or local codes? (Please Circle) Pass / Fail*

Initial Test	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly			Air Inlet	Check Valve
Test point #1	1st Check	2nd Check	Relief Valve		
Initial Static held at _____ p.s.i.	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"/>
<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

<b>Test Gauge Used</b>	Make/Model	Serial #	Calibration Expiration Date:	NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/>
Firm Name		Firm Physical Address & City, State Zip:		
Firm Phone #	E-mail Address			
Contractor (Print Name):		I certify this document to be true at the time of testing  _____ Signature _____ Date _____		
Contractor ID #				

**REMARKS:**

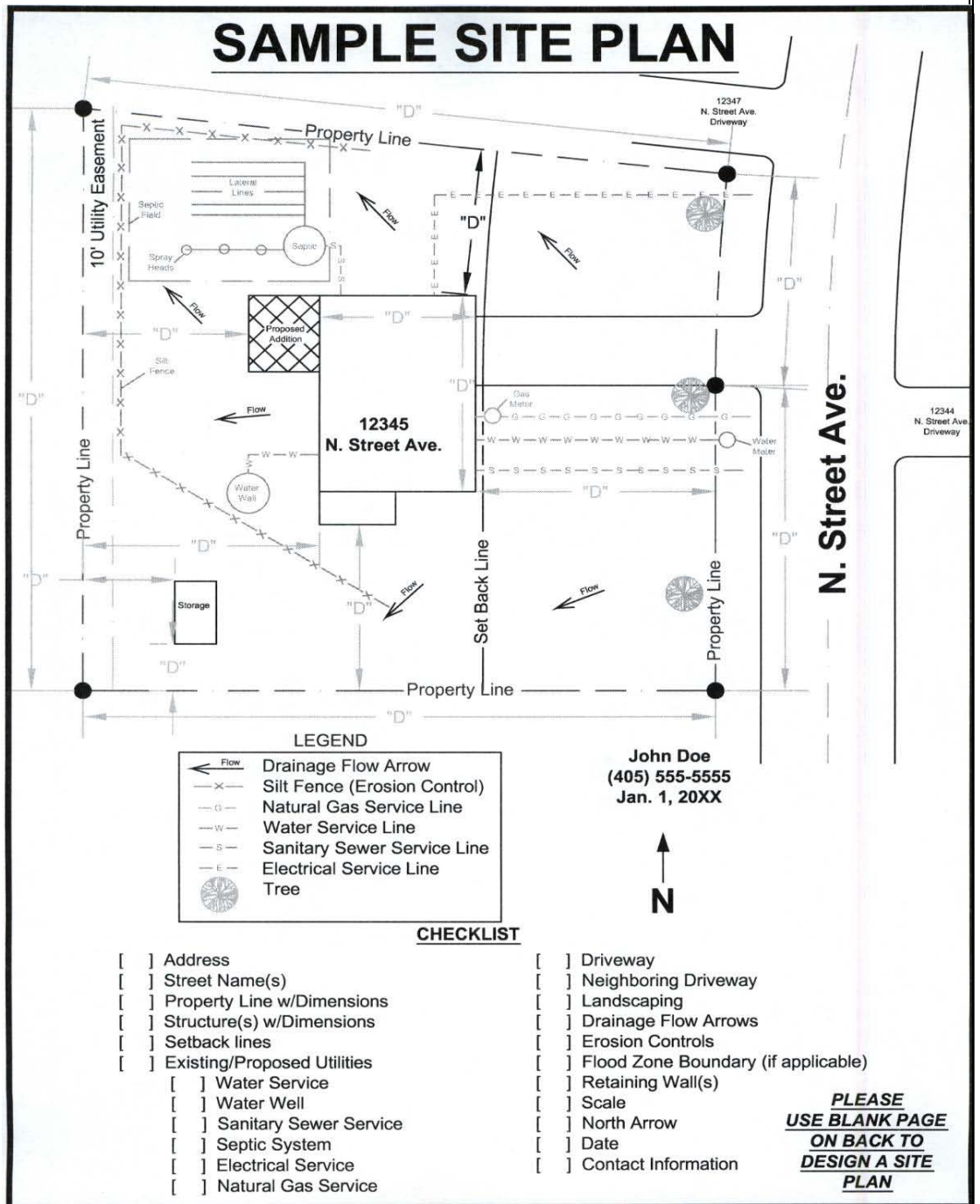
**Notify Property Owner**  
 YES  NO

# DETAIL SHEET

1. Location of Backflow Device
2. Location of Isolation Valve
3. Location of water service line
4. Location of irrigation service line
5. Elevation of water and backflow system (if located inside the structure)

## Documentation

1. Freeze protection
2. Test Report
3. Manufactures Design Specification (if applicable)
4. Test Gauge Calibration Report (if applicable)



**SITE PLAN**

