



CITY OF ROSENBERG PERMIT
Code Enforcement Department
P.O. Box 32 * 2220 Fourth Street * Rosenberg, TX 77471
Phone: (832)595-3500 Fax: (832)595-3501 * Inspection Request Line (832)595-3401

BACKFLOW TEST AND MAINTENANCE REPORT

Customer name: _____

Service Address: _____

Manufacturer: _____ Model: _____ S/N : _____ Size: _____

Location of Device: _____ PWS I.D. #: _____

Mailing Address (if different from service address): _____

TYPE OF ASSEMBLY

- Reduced Pressure Principle (RP)
 Vacuum Breaker (VB)
 Pressure Vacuum Breaker (PVB)
 Double Check Detector Assembly (DCD)
 Atmospheric Vacuum Breaker (AVB)
 Double Check Valve (DCV)
 Spill Resistant Pressure Vacuum Breaker (SVB)

Is this assembly installed in accordance with City of Rosenberg Ordinance 2007-40? Yes No

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		RELIEF VALVE	PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK ASSEMBLY VALVE			AIR INLET	CHECK VALVE
	CHECK VALVE #1	CHECK VALVE #2			
INITIAL TEST _____	D.C. CLOSED TIGHT <input type="checkbox"/> RP _____ PSID LEAKED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____ PSID 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					
FINAL TEST _____	D.C. CLOSED TIGHT <input type="checkbox"/> RP _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID	OPENED AT _____ PSID	HELD AT _____ PSID

Test Gauge Used: Make/Model: _____ S/N: _____ Calibration Date: _____

Comments: _____

Certifications: I hereby certify that the foregoing data is accurate and reflects the proper operation and maintenance of the caption equipment. I personally performed or directly supervised the field test herein described. I hereby certify that the Test Gauge listed above has been Certified within the last twelve (12) months and a copy of the certification has been submitted to the City of Rosenberg Code Enforcement Department.

Company Name _____

Company Address _____

Company Phone _____

Tester Name _____

Signature Certified Tester _____

Date _____

PERMIT FEE: \$10.00*

*New Installations do not require a permit fee.

Type of System: Domestic Waterline Irrigation Fire Line New Installation

City Issued Registration Number: _____

Permit Number Issued: _____