



**City of Manor
Fire Hydrant Request Form
PWS ID #2270002**

**City of Manor
Utility Dept.
105 E. Eggleston St.
Manor, TX 78653
512-272-5555**

Backflow Prevention Assembly Test and Maintenance Report

Owner / Business Name: _____

Mailing Address: _____

Exact Location of Fire Hydrant Meter: _____

Reason the assembly is installed: _____

THE BACKFLOW PREVENTION ASSEMBLY DETAILED BELOW HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY COMMISSION REGULATIONS AND IS CERTIFIED TO BE OPERATING WITHIN ACCEPTABLE PARAMETERS.

RPZ Serial Number: _____ Manufacturer: _____ Model: _____ Size: _____

Fire Hydrant Meter #: _____ Meter Reading: _____

INITIAL TEST	RPZ	RPZ	DIFFERENTIAL PRESSURE RELIEF
DATE:	#1 CHECK VALVE	#2 CHECK VALVE	VALVE OPENED AT
TIME:	_____PSID	<input type="checkbox"/> LEAKED	_____PSID
		<input type="checkbox"/> CLOSED TIGHT	
REPAIRS Yes or NO			
TEST AFTER REPAIRS	RPZ	RPZ	DIFFERENTIAL PRESSURE RELIEF
	#1 CHECK VALVE	#2 CHECK VALVE	VALVE OPENED AT
	_____PSID	<input type="checkbox"/> CLOSED TIGHT	_____PSID

I CERTIFY ALL INFORMATION ON THIS REPORT IS TRUE AND CORRECT AS OF THE DATE OF THIS TEST. THE INSTALLED ASSEMBLY IS IN ACCORDANCE WITH MANUFACTURER RECOMMENDATIONS AND/OR LOCAL CODES. THE BACKFLOW TEST PASS OR FAIL

DATE GAUGE TESTED FOR ACCURACY: _____ GAUGE SERIAL #: _____

TESTER NAME: _____ TESTER LICENSE#: _____

TESTER SIGNATURE: _____ DATE: _____

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

**Return Original Report to the City of Manor Utility department at
questions@manortx.gov**