



**LEWISVILLE**  
Deep Roots. Broad Wings. Bright Future.

**Backflow Prevention Assembly Test and Maintenance Report**

PWS I.D. #0610004

Facility Name: Neighborhood Market Walmart  
 Service Address: 1515 Justin Rd  
 Mailing Address: 1515 Justin Rd  
 Contact Person: Steve Title: \_\_\_\_\_  
 Tel #: 972-966-6215

Location Sketch:	Notes:

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters. YES  NO

**Type of Assembly:**

- |  |  |
|--|--|
| <input type="checkbox"/> Reduced Pressure Principle    | <input type="checkbox"/> Reduced Pressure Principle-Detector     |
| <input checked="" type="checkbox"/> Double Check Valve | <input type="checkbox"/> Double Check-Detector                   |
| <input type="checkbox"/> Pressure Vacuum Breaker       | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

Device Type: Dom  Irr  Fire  Other  Size: 2"  
 Manufacturer: Naps Located At: Irrigation box @ west side of p  
 Model #: 007M1QT Serial #: 98578

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? YES  NO

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 1/2" Check	2" Check			
<b>INITIAL TEST</b>	Held at <u>1.4</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at <u>2.1</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ____ psid Did Not Open <input type="checkbox"/>	Opened at ____ psid Did Not Open <input type="checkbox"/>	Opened at ____ psid Leaked <input type="checkbox"/>
<b>REPAIRS &amp; 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

Test Gauge Used: Make/Model: Combraco 40-700 Serial #: 00041699 Calibration Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

**The above information is certified to be true at the time of testing.**

Company Name: Allied Flow Specialists, Inc. Tel #: 972-722-5535  
 Address: PO Box 1150 Midlothian, TX 76065  
 Certified Tester Signature: Richard Howard Certified Tester #: BP00008891  
 Printed Name: Richard Howard Device Test Date: 1-15-13

**TEST RECORDS MUST BE KEPT FOR AT LEAST 3 YEARS. USE ONLY MANUFACTURER'S REPLACEMENT PARTS.**



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**Backflow Prevention Assembly Test and Maintenance Report**

PWS I.D. #0610004

Facility Name: Jack In the Box #795  
 Service Address: 1563 W. Main St.  
 Mailing Address: Same  
 Contact Person: my  
 Title: mgr Tel #: 214.222.7850

Location Sketch:		Notes:

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters. YES  / NO

**Type of Assembly:**

- |  |  |
|--|--|
| <input type="checkbox"/> Reduced Pressure Principle    | <input type="checkbox"/> Reduced Pressure Principle-Detector     |
| <input checked="" type="checkbox"/> Double Check Valve | <input type="checkbox"/> Double Check-Detector                   |
| <input type="checkbox"/> Pressure Vacuum Breaker       | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

Device Type: Dom  Irr  Fire  Other  Size: 1"  
 Manufacturer: FEBU Located At: meter  
 Model #: 450 Serial #: 21112

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? YES  / NO

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check			
<b>INITIAL TEST</b>	Held at <u>2.3</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at <u>2.2</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ___ psid Did Not Open <input type="checkbox"/>	Opened at ___ psid Did Not Open <input type="checkbox"/>	Opened at ___ psid Leaked
<b>REPAIRS &amp; 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

Test Gauge Used: Make/Model: Apollo 40-200-TK5U Serial #: 01111194 Calibration Date: 6/26/12

Remarks: \_\_\_\_\_

**The above information is certified to be true at the time of testing.**

Company Name: .01 Accuracy Backflow Tel #: 972-699-7156  
 Address: 9990 Barton Circle, Frisco TX 75035  
 Certified Tester Signature: Terry Sitgreaves Certified Tester #: BP0014573  
 Printed Name: Terry Sitgreaves Device Test Date: 2-1-13

**TEST RECORDS MUST BE KEPT FOR AT LEAST 3 YEARS. USE ONLY MANUFACTURER'S REPLACEMENT PARTS.**



## Backflow Prevention Assembly Test and Maintenance Report

PWS I.D. #0610004

Facility Name: Jack In the Box #795  
 Service Address: 1563 W. Main St.  
 Mailing Address: Same  
 Contact Person: mar  
 Title: mgr Tel #: 214.222.7850

Location Sketch: <div style="text-align: center; margin-top: 10px;"> </div>	Notes: <hr/> <hr/> <hr/> <hr/>
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The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters. YES  / NO

**Type of Assembly:**

- |  |  |
|--|--|
| <input type="checkbox"/> Reduced Pressure Principle    | <input type="checkbox"/> Reduced Pressure Principle-Detector     |
| <input checked="" type="checkbox"/> Double Check Valve | <input type="checkbox"/> Double Check-Detector                   |
| <input type="checkbox"/> Pressure Vacuum Breaker       | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

Device Type: Dom  Irr  Fire  Other  Size: 2  
 Manufacturer: Watts Located At: water heater closet  
 Model #: 007m1 Serial #: 95666

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? YES  / NO

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 Check	2 Check			
<b>INITIAL TEST</b>	Held at <u>2.3</u> psid	Held at <u>2</u> psid	Opened at ___ psid	Opened at ___ psid	Opened at ___ psid
	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>			
<b>REPAIRS &amp; MATERIALS USED</b>					
<b>TEST AFTER REPAIR</b>	Held at ___ psid	Held at ___ psid	Opened at ___ psid	Opened at ___ psid	Held at ___ psid
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>			

Test Gauge Used: Make/Model: Apollo 40-200-TK5U Serial #: 01111194 Calibration Date: 6/26/12

Remarks: \_\_\_\_\_

**The above information is certified to be true at the time of testing.**

Company Name: .01 Accuracy Backflow Tel #: 972-699-7156  
 Address: 9990 Barton Circle, Frisco TX 75035  
 Certified Tester Signature: Terry Sitgreaves Certified Tester #: BP0014573  
 Printed Name: Terry Sitgreaves Device Test Date: 2-1-13

**TEST RECORDS MUST BE KEPT FOR AT LEAST 3 YEARS. USE ONLY MANUFACTURER'S REPLACEMENT PARTS.**



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PWS I.D. #0610004

Facility Name: Mc Donald's  
 Service Address: 1598 W. Main St.  
 Mailing Address: \_\_\_\_\_  
 Contact Person: Kathy  
 Title: Corporate Tel #: 972-539-1750

Location Sketch: <u>on wall Behind Soda</u>	Notes: _____ _____ _____
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The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters. YES  / NO

**Type of Assembly:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Reduced Pressure Principle-Detector     |
| <input checked="" type="checkbox"/> Double Check Valve         | <input type="checkbox"/> Double Check-Detector                   |
| <input type="checkbox"/> Pressure Vacuum Breaker               | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

Device Type: Dom  Irr  Fire  Other  Size: 3/4"  
 Manufacturer: Watts Located At: \_\_\_\_\_  
 Model #: 007 Serial #: 127714

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? YES  / NO

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check			
<b>INITIAL TEST</b>	Held at <u>22</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at <u>24</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ___ psid Did Not Open <input type="checkbox"/>	Opened at ___ psid Did Not Open <input type="checkbox"/>	Opened at ___ psid Leaked <input type="checkbox"/>
<b>REPAIRS &amp; 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

Test Gauge Used: Make/Model: Watts Serial #: 0023014 Calibration Date: 3-14-12

Remarks: \_\_\_\_\_

**The above information is certified to be true at the time of testing.**

Company Name: Accurate Test Co Tel #: 214-793-9599  
 Address: P.O. Box 293896  
 Certified Tester Signature: [Signature] Certified Tester #: 5732  
 Printed Name: Phil Robertza Device Test Date: 1-23-13

**TEST RECORDS MUST BE KEPT FOR AT LEAST 3 YEARS. USE ONLY MANUFACTURER'S REPLACEMENT PARTS.**



## Backflow Prevention Assembly Test and Maintenance Report

PWS I.D. #0610004

Facility Name: McDonalds  
 Service Address: 1598 W. Main St  
 Mailing Address: \_\_\_\_\_  
 Contact Person: Kathy Tel #: 972-539-1750  
 Title: Corporate

Location Sketch:  <div style="font-size: 1.2em; margin-top: 10px;">Next To Meter</div>	Notes:  <hr/> <hr/> <hr/>
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The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters. YES  / NO

**Type of Assembly:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Reduced Pressure Principle-Detector     |
| <input checked="" type="checkbox"/> Double Check Valve         | <input type="checkbox"/> Double Check-Detector                   |
| <input type="checkbox"/> Pressure Vacuum Breaker               | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

Device Type: Dom  Irr  Fire  Other  Size: 2"  
 Manufacturer: watts Located At: \_\_\_\_\_  
 Model #: 007 Serial #: 416934

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? YES  / NO

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check			
<b>INITIAL TEST</b>	Held at <u>1.1</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at <u>1.1</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ___ psid <del>Did Not Open</del> <input type="checkbox"/>	Opened at ___ psid Did Not Open <input type="checkbox"/>	Opened at ___ psid Leaked <input type="checkbox"/>
<b>REPAIRS &amp; 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

Test Gauge Used: Make/Model: watts Serial #: 0023014 Calibration Date: 3-14-12

Remarks: \_\_\_\_\_

**The above information is certified to be true at the time of testing.**

Company Name: Accurate Test Co. Tel #: 2-793-2577  
 Address: P.O. Box 293896  
 Certified Tester Signature: [Signature] Certified Tester #: 5732  
 Printed Name: Phil Robertson Device Test Date: 1-23-13

**TEST RECORDS MUST BE KEPT FOR AT LEAST 3 YEARS. USE ONLY MANUFACTURER'S REPLACEMENT PARTS.**



## Backflow Prevention Assembly Test and Maintenance Report

PWS I.D. #0610004

Facility Name: Mc Donalds  
 Service Address: 1598 W. Main St.  
 Mailing Address: \_\_\_\_\_  
 Contact Person: Kathy  
 Title: Corporate Tel #: 972-539-1750

Location Sketch:  <div style="text-align: center; font-size: 1.2em;">Next to Meter</div>	Notes:  <hr/> <hr/> <hr/> <hr/>
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The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters. YES  NO

**Type of Assembly:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Reduced Pressure Principle-Detector     |
| <input checked="" type="checkbox"/> Double Check Valve         | <input type="checkbox"/> Double Check-Detector                   |
| <input type="checkbox"/> Pressure Vacuum Breaker               | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

Device Type: Dom  Irr  Fire  Other  Size: 2"  
 Manufacturer: Febco Located At: \_\_\_\_\_  
 Model #: 850 Serial #: 27396

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? YES  NO

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check			
<b>INITIAL TEST</b>	Held at <u>210</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at <u>22</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ___ psid <del>Did Not Open</del> <input type="checkbox"/>	Opened at ___ psid <del>Did Not Open</del> <input type="checkbox"/>	Opened at ___ psid Leaked <input type="checkbox"/>
<b>REPAIRS &amp; 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

Test Gauge Used: Make/Model: Watts Serial #: 0023014 Calibration Date: 3-14-12

Remarks: \_\_\_\_\_

**The above information is certified to be true at the time of testing.**

Company Name: Accurate Test Co. Tel #: 214-793-9577  
 Address: P.O. Box 293896  
 Certified Tester Signature: [Signature] Certified Tester #: 5732  
 Printed Name: A.P. Robertson Device Test Date: 1-23-13

**TEST RECORDS MUST BE KEPT FOR AT LEAST 3 YEARS. USE ONLY MANUFACTURER'S REPLACEMENT PARTS.**