



# **Backflow Prevention Assembly Test** and Maintenance Report

Mail Test to Contact	16318 Great Oaks Lori Curran 255-78			or fax to	512-255-03332
Client Name:				Date of Tes	t:
Location of Ser	vice:			<u> </u>	
	evention assembly derating within accep		een tested and maint	tained as required by TC	EQ regulations and is
Type of Assem	•		Г	Double Check-Detecto	
	essure Principle		L F	=	
H	essure Principle-Dete	ctor	Ĺ	Pressure Vacuum Break	
Double Che	ck Valve		L	Spill-Resistant Pressure	Vacuum Breaker
Manufacturer				Size	
Model Number			Lo	ocation	
Serial Number					
The assembly is is	nstalled in accordance	e with manufacturer	recommendations and	d/or local codes.	Yes No
		l Pressure Principle Valve Assembly	e Assembly	Pressure Vac	uum Breaker
	1st Check	2nd Check	Relief Valve	Air Inlet	Check Valve
Initial Test	Held atpsid Closed Tight Leaked	Held atpsid Closed Tight Leaked	Opened at psi	id Opened at psid Did not open	Held atpsidLeaked
Repairs & Materials Used					
Test After Repairs	Held atpsid Closed Tight		Opened atpsi	id Opened atpsid	Held atpsid
Tester Informat	ion				
Tester Firm			Contact Phone		
Firm Address	177				
Name of Certified Test Gauge Used				Certification Numbe	r
SN			Calibration Date		
D 1			<u> </u>		

<sup>\*\*</sup> USE ONLY MANUFACTURER APPROVED REPLACEMENT PARTS



#### **Water Softener**

## **Permit Fee - \$20.00**

Application Date:	
Resident Information	
Home Owner Name:	Phone Number:
Project Address:	
Installer Information	
Company Name:	Phone Number:
Office Address:	
Contact Name:	T. "I
2 An inspection must be completed by the District's in <b>NOTE:</b> To ensure contamination of the public water	ired. (For staff only: Use the Miscellaneous Receipt Book).  Inspector within 1 week of installation  does not occur, the back flow prevention device must be tested upon installation and tester and a copy must be filed with Brushy Creek M.U.D This testing will be at the
This se	ection is for Office Use Only
Application Pink Receipt Green Permit	Date Received Receipt Number By
	Inspection Notes
Inspection Date/Time Approved Failed Need	Inspected by to Pass Air Gap Trap Vacuum Breaker Other
Inspector Signature	
Re-Inspection Date/Time	Inspected by
Approved Failed Need	to Pass Air Gap Trap Vacuum Breaker Other
Inspector Signature	



## **Commercial Build-Out**

Application Date:				
Project Information - GM or Owner Informati	on			
Project			Conta	ct Name
Address			Contact	Number
Plumber Information				
Company Name:			Phon	e Number:
Office Address:				x Number:
Contact Name:				Email:
Signature of Company Representative:				
not be issued until all fees are paid. Re-inspection fees service will be terminated to the project site.  2 All new plumbing must comply with the 2000 Uniform plumbing must be repaired.  3 All building and/or plumbing work must be conducted naming Brushy Creek M.U.D. as certificate holder.  4 All plumbing work must be overseen by a TSBPE manning Brushy Creek M.U.D.	m Plumbing	Code and	ГСЕQ regu vidual who	alations. Any health hazards found in existing carries a minimum \$ 10,000 Bond or Insurance
Fees and Charges	_		Linit	Total
Fees and Charges  Description  Application/Permit	F \$	ee 50.00	Unit Each	Total 50.00
Description Application/Permit Plumbing Inspection	\$ \$	50.00 50.00	Each Each	50.00 250.00
Description Application/Permit	\$	50.00 50.00 150.00	Each Each Each	50.00 250.00 150.00
Description Application/Permit Plumbing Inspection	\$ \$	50.00 50.00 150.00	Each Each	50.00 250.00 150.00
Description Application/Permit Plumbing Inspection Plan Review	\$ \$	50.00 50.00 150.00 Total F	Each Each Each Each Each Each	50.00 250.00 150.00 \$ 450.00
Description Application/Permit Plumbing Inspection Plan Review  This see	\$ \$ ction is f	50.00 50.00 150.00 Total F	Each Each Each Each Each Each	50.00 250.00 150.00 \$ 450.00
Description Application/Permit Plumbing Inspection Plan Review	\$ \$ ction is f	50.00 50.00 150.00 Total F	Each Each Each Each Each Each	50.00 250.00 150.00 \$ 450.00



#### Remodel & Add-On - Residental

Application Date:					
Project Information	- Owner Information				
Project				Conta	ct Name
Address				Contact	Number
Plumber Information	on				
Company Name:				Phon	e Number:
Office Address:					x Number:
Contact Name:					Email:
Signature of Compan					
not be issued until a  2 All new plumbing n plumbing must be r  3 All building and/or naming Brushy Cree	all fees are paid. Re-inspection for the state of the sta	fees are \$ 50.0 form Plumbing	00 each. All g Code and '	re-inspection ΓCEQ regu	alations. Any health hazards found in existing carries a minimum \$ 10,000 Bond or Insurance
Fees and Charges	Description Application/Permit Plumbing Inspection	\$ \$	Fee 50.00 50.00	Unit Each Each	Total 50.00 250.00
				ees Due	\$ 300.00
	This s	ection is	Total F		



# **Plumbing Repair**

Application Date:						
	- Owner Information					
Project				Contact	Name	
Address				Contact Nu	ımber	
Plumber Information	on					
Company Name:				Phone N	Number:	
0.65				Fax I	Number:	
Contact Name:						
Signature of Compan	D					
plumbing must be r  3 All building and/or naming Brushy Cree	comply with the 2000 Uniform epaired.  plumbing work must be conduck M.U.D. as certificate holder.  must be overseen by a TSBPE	acted by a co	ompany or ind	ividual who ca	rries a minimum \$	
_	Description	¢	Fee	Unit	Total	0.00
	Application/Permit Plumbing Inspection	\$ \$	50.00 50.00	Each Each		0.00
			Total F	ees Due		
	This s	section is	s for Offic	e Use Onl	y	
Application						Date Received
Pink Receip						Receipt Number
Green Perm	nit					By
Fee						



#### **Water Heater - Gas or Electric**

Project Informatio	n - Owner Information						
Project				Conta	ct Name		
Address				Contact	Number _		
Plumber/Installer	nformation						
Company Name: _				Phon	e Numbe	r:	
				Fa	x Numbe	r:	
0 1							
Signature of Compa							
fees are paid. Re-i terminated to the p 2 All plumbing must plumbing must be	comply with the 2000 Uniform repaired.	All re-inspect	ion fees are	due 7 days	after final ir	nspection or ser	rvice will be
	r plumbing work must be conducted M.U.D. as certificate holder.  must be overseen by a TSBPE to					inimum \$ 10,00	
	eek M.U.D. as certificate holder. must be overseen by a TSBPE	master plumb	er registered Fee 50.00 50.00		Pistrict.	Fotal 50.00 100.00	00 Bond or Insurance
4 All plumbing work	Description Application/Permit Plumbing Inspection	master plumb F \$	er registered Fee 50.00 50.00 Total F	Unit Each Each Each	vistrict.	Fotal 50.00 50.00	00 Bond or Insurance