Texas Commission on Environmental Quality

**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping \*purposes:

|  |  |
| --- | --- |
| NAME OF PWS: |  |
| PWS ID#: |  |
| PWS MAILING ADDRESS: |  |
| PWS CONTACT PERSON: |  |
| ADDRESS OF SERVICE: |  |

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.

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| --- |
| **TYPE OF BACKFLOW PREVENTION ASSEMBLY (BPA):** |
| [ ]  | Reduced Pressure Principle (RPBA) | [ ]  | Reduced Pressure Principle-Detector (RPBA-D) Type II [ ]  |
| [ ]  | Double Check Valve (DCVA) | [ ]  | Double Check-Detector (DCVA-D) Type II [ ]   |
| [ ]  | Pressure Vacuum Breaker (PVB) | [ ]  | Spill-Resistant Pressure Vacuum Breaker (SVB) |
|  |  |  |  |
| Manufacturer: | Main: Bypass:  | Size: | Main: Bypass:  |
| Model Number: | Main: Bypass:  | BPA Location: |  |
| Serial Number: | Main: Bypass:  | BPA Serves: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for test: | New [ ]  | Existing [ ]  | Replacement [ ]  Old Model/Serial #  |
| Is the assembly installed in accordance with manufacturer recommendations and/or local codes? |  [ ]  Yes  | [ ]  No  |
| Is the assembly installed on a non-potable water supply (auxiliary)? |  [ ]  Yes  | [ ]  No  |

|  |  |  |  |
| --- | --- | --- | --- |
| **TEST RESULT** | Reduced Pressure Principle Assembly (RPBA) | Type II Assembly | PVB & SVB |
| **PASS** [ ]  | DCVA | Relief Valve | Bypass Check | Air Inlet | Check Valve |
| **FAIL** [ ]  | 1st Check |  2nd Check\*\*\* |
| **Initial Test**Date: Time:  | Held at \_\_\_\_ psidClosed Tight[ ]  Leaked[ ]   | Held at \_\_\_\_ psidClosed Tight [ ]  Leaked[ ]   | Opened at \_\_\_ psidDid not open[ ]   | Held at \_\_\_\_ psidClosed Tight[ ]  Leaked[ ]  | Opened at \_\_\_\_ psidDid not open[ ] Did it fully open (Yes[ ]  /No[ ] ) | Held at \_\_\_\_\_ psidLeaked[ ]  |
| Repairs and Materials Used\*\* | Main: Bypass:  |
| **Test After Repair**Date: Time:  | Held at \_\_\_\_ psidClosed Tight[ ]  | Held at \_\_\_\_ psidClosed Tight[ ]   | Opened at \_\_\_ psid | Held at \_\_\_\_ psidClosed Tight[ ]  | Opened at \_\_\_\_ psid | Held at \_\_\_\_\_ psid |

 \*\*\* 2nd check: numeric reading required for DCVA only

|  |  |  |
| --- | --- | --- |
| Differential pressure gauge used: |  Potable: [ ]   | Non-Potable: [ ]  |
| Make/Model: |   | SN: |   | Date tested for accuracy : |   |
|  |  |  |  |  |  |
| Remarks: |   |
|   |
|   |

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Licensed Tester Name (Print/Type): |   |
| Company Address: |  | Licensed Tester Name (Signature): |  |
| Company Phone #: |  | BPAT License # |   |
| License Expiration Date: |   |

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

\* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC §290.46(B)]
\*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS