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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 \_\_\_\_ psid Closed Tight  Leaked | Held at \_\_\_\_ psid Closed Tight   Leaked | Opened at \_\_\_ psid Did not open | Held at \_\_\_\_ psid Closed Tight  Leaked | Opened at \_\_\_\_ psid Did not openDid it fully open (Yes /No) | Held at \_\_\_\_\_ psid Leaked |
| Repairs and Materials Used\*\* | Main:  Bypass: | | | | | |
| **Test After Repair**  Date:  Time: | Held at \_\_\_\_ psid Closed Tight | Held at \_\_\_\_ psid Closed Tight | Opened at \_\_\_ psid | Held at \_\_\_\_ psid Closed 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