



910 Avenue C – PO Box 617 – Katy, TX 77492-0617
 281-391-4830; Fax 281-391-4834

BACKFLOW PREVENTION
ASSEMBLY CERTIFIED TEST REPORT

NAME OF PROPERTY: _____
 PROPERTY ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ KEY MAP # _____ PHONE #: _____
 MAILING ADDRESS: _____ CONTACT PERSON: _____
 ATTN: Backflow Prevention / Customer Service

THE BACKFLOW PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TNRCC CHAPTER 290 RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS.

TYPE OF ASSEMBLY

- REDUCED PRESSURE PRINCIPLE (RP) PRESSURE VACUUM BREAKER (PVB)
 DOUBLE CHECK VALVE (DCV) SPILL-RESISTANT PRESSURE VACUUM BREAKER (SVB)

MANUFACTURER: _____ MODEL#: _____ SIZE: _____ SERIAL NUMBER: _____
 LOCATED AT: _____ DATE INSTALLED: _____

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	CHECK VALVE #1	CHECK VALVE #2			
INITIAL TEST	D.C. CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPENED AT <input type="checkbox"/>	OPENED AT <input type="checkbox"/>	HELD AT <input type="checkbox"/>
	RP _____ PSID	RP _____ PSID	_____ PSID	_____ PSID	_____ PSID
Passed	LEAKED <input type="checkbox"/>	LEAKED <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>	DID NOT OPEN <input type="checkbox"/>	LEAKED <input type="checkbox"/>
REPAIRS ** AND MATERIALS USED					
FINAL TEST	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPENED AT <input type="checkbox"/>	OPENED AT <input type="checkbox"/>	HELD AT <input type="checkbox"/>
	RP _____ PSID	RP _____ PSID	_____ PSID	_____ PSID	_____ PSID

TEST GAUGE USED: _____

REMARKS: _____

Meter#: _____

THE ABOVE IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING.

CT's FIRM NAME: _____

CERTIFIED TESTER: _____

FIRM ADDRESS: _____

CERTIFIED TESTER NO.: _____

FIRM PHONE #: _____

TEST DATE: _____