



CITY OF KATY
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**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)
- DOUBLE CHECK VALVE (DCV)
- PRESSURE VACUUM BREAKER (PVB)
- 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 Passed	D.C. CLOSED TIGHT <input type="checkbox"/> RP _____ PSID LEAKED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> RP _____ PSID LEAKED <input type="checkbox"/>	OPENED AT <input type="checkbox"/> _____ PSID DID NOT OPEN <input type="checkbox"/>	OPENED AT <input type="checkbox"/> _____ PSID DID NOT OPEN <input type="checkbox"/>	HELD AT <input type="checkbox"/> _____ PSID LEAKED <input type="checkbox"/>
REPAIRS ** AND MATERIALS USED					
FINAL TEST	CLOSED TIGHT <input type="checkbox"/> RP _____ PSID	CLOSED TIGHT <input type="checkbox"/> RP _____ PSID	OPENED AT <input type="checkbox"/> _____ PSID	OPENED AT <input type="checkbox"/> _____ PSID	HELD AT <input type="checkbox"/> _____ PSID

TEST GAUGE USED: _____

REMARKS: _____

Meter#: _____

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

CT's FIRM NAME: _____

FIRM ADDRESS: _____

FIRM PHONE #: _____

CERTIFIED TESTER: _____

CERTIFIED TESTER NO.: _____

TEST DATE: _____