



PO Box 337
 Santa Fe, TX 77510
 Office - 409-925-2821
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Backflow Prevention Assembly Certified Test Report

Name of Property: _____ Property Address: _____

City: _____ State: _____ Zip: _____ Key Map #: _____ Phone No: _____

Mailing Address: _____ Contact Person: _____

THE BACKFLOW PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ-Chapter 290, RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, CITY'S INTERNATIONAL PLUMBING CODE, AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS.

TYPE OF ASSEMBLY

- Reduced Pressure Principle (RP)
 Reduced Pressure Principle-Detector (RPD)
 Pressure Vacuum Breaker (PVB)
 Double Check Valve (DCV)
 Double Check Valve-Detector (DCD)
 Spill-Resistant Pressure Vacuum Breaker (SVB)

Manufacturer: _____ Model # _____ Size: _____ Serial Number: _____

Located At: _____ Date Installed: _____

Is the assembly installed in accordance with manufacturer recommendations and/or City's International Plumbing Code? _____

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"/> RP _____ PSID Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> _____ PSID Leaked <input type="checkbox"/>	O p e n e d a t _____ PSID Did not Open <input type="checkbox"/>	O p e n e d a t _____ PSID Did not Open <input type="checkbox"/>	H e l d a t _____ PSID Leaked <input type="checkbox"/>
Repairs and Materials Used					
Final Test	Closed Tight <input type="checkbox"/> RP _____ PSID	Closed Tight <input type="checkbox"/> _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

Test Gauge Used: Make/Model: _____ S/N: _____ Calibration Date: ____/____/____

Remarks: _____

THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING:

CT'S Firm Name: _____ Certified Tester: _____

Firm Address: _____ Certified Tester No: _____

_____ Test Date: _____

Firm Phone #: _____ Witness: _____

- TEST REPORTS MUST BE KEPT FOR AT LEAST THREE YEARS
- TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THEREAFTER.
- USE ONLY MANUFACTURERS' REPLACEMENT PARTS