

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:	2
PWS ID#:	3
PWS MAILING ADDRESS:	4
PWS CONTACT PERSON:	5
ADDRESS OF SERVICE:	6

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): 7**

<input type="checkbox"/>	Reduced Pressure Principle (RPBA)	<input type="checkbox"/>	Reduced Pressure Principle-Detector (RPBA-D)	Type II <input type="checkbox"/>
<input type="checkbox"/>	Double Check Valve (DCVA)	<input type="checkbox"/>	Double Check-Detector (DCVA-D)	Type II <input type="checkbox"/>
<input type="checkbox"/>	Pressure Vacuum Breaker (PVB)	<input type="checkbox"/>	Spill-Resistant Pressure Vacuum Breaker (SVB)	

Manufacturer:	Main: 8	Bypass: 12	Size:	Main: 11	Bypass: 15
Model Number:	Main: 9	Bypass: 13	BPA Location:	16	
Serial Number:	Main: 10	Bypass: 14	BPA Serves:	17	

Reason for test:	New <input type="checkbox"/>	Existing <input type="checkbox"/>	Replacement <input type="checkbox"/>	Old Model/Serial # 18
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?				<input type="checkbox"/> Yes <input type="checkbox"/> No 19
Is the assembly installed on a non-potable water supply (auxiliary)?				<input type="checkbox"/> Yes <input type="checkbox"/> No 20

TEST RESULT 21	Reduced Pressure Principle Assembly (RPBA)			Type II Assembly	PVB & SVB	
	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check***				
Initial Test Date: 22 Time: 23	Held at 24 psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> 25	Held at 26 psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> 27	Opened at 28 psid Did not open <input type="checkbox"/> 29	Held at 30 psid Closed Tight <input type="checkbox"/> Leaked 31	Opened at 32 psid Did not open <input type="checkbox"/> Did it fully open? 33 (Yes <input type="checkbox"/> / No <input type="checkbox"/> )	Held at 35 psid Leaked 36
Repairs and Materials Used**	Main: 37	Bypass: 38			34	
Test After Repair Date: 39 Time: 40	Held at 41 psid Closed Tight <input type="checkbox"/> 42	Held at 43 psid Closed Tight <input type="checkbox"/> 44	Opened at 45 psid	Held at 46 psid Closed Tight <input type="checkbox"/> 47	Opened at 48 psid	Held at 49 psid

\*\*\* 2<sup>nd</sup> check: numeric reading required for DCVA only

Differential pressure gauge used:	<input type="checkbox"/> Potable	<input type="checkbox"/> Non-Potable	50
Make/Model:	51	SN: 52	Date tested for accuracy: 53

Remarks:	54

Company Name:	1-A Services 55	Licensed Tester Name (Print/Type):	58
Company Address:	126 Country Rd 4577 Boyd, TX 76023 56	Licensed Tester Name (Signature):	59
Company Phone #:	(817)232-5577 57	BPAT License #	60
		License Expiration Date:	61

**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