

**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):**

<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: <input type="checkbox"/>	Bypass: <input type="checkbox"/>	Size:	Main: <input type="checkbox"/>	Bypass: <input type="checkbox"/>
Model Number:	Main: <input type="checkbox"/>	Bypass: <input type="checkbox"/>	BPA Location:	<input type="checkbox"/>	
Serial Number:	Main: <input type="checkbox"/>	Bypass: <input type="checkbox"/>	BPA Serves:	<input type="checkbox"/>	

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	
	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check***				
<b>Initial Test</b>	Held at <input type="checkbox"/> psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at <input type="checkbox"/> psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at <input type="checkbox"/> psid Did not open <input type="checkbox"/>	Held at <input type="checkbox"/> psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at <input type="checkbox"/> psid Did not open <input type="checkbox"/> Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/> )	Held at <input type="checkbox"/> psid Leaked <input type="checkbox"/>
Repairs and Materials Used**	Main: <input type="checkbox"/> Bypass: <input type="checkbox"/>					
<b>Test After Repair</b>	Held at <input type="checkbox"/> psid Closed Tight <input type="checkbox"/>	Held at <input type="checkbox"/> psid Closed Tight <input type="checkbox"/>	Opened at <input type="checkbox"/> psid	Held at <input type="checkbox"/> psid Closed Tight <input type="checkbox"/>	Opened at <input type="checkbox"/> psid	Held at <input type="checkbox"/> psid
Date: Time:						

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

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

Remarks:	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Company Name:	1-A Services	Licensed Tester Name (Print/Type):	<input type="checkbox"/>
Company Address:	126 Country Rd 4577 Boyd, TX 76023	Licensed Tester Name (Signature):	
Company Phone #:	(817)232-5577	BPAT License #	<input type="checkbox"/>
		License Expiration Date:	<input type="checkbox"/>

**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