



BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT
 ILLEGIBLE OR INCOMPLETE TEST REPORTS WILL NOT BE ACCEPTED

NAME OF PROPERTY: _____
 PROPERTY ADDRESS: _____
 CITY: _____, STATE: _____, ZIP: _____, KEY MAP #: _____ - _____, PHONE #: (____) _____ - _____
 MAILING ADDRESS: _____ CONTACT PERSON: _____

Send This Original Report to: *Inspections Department; 1829 Sam Houston, Liberty, TX 77575*

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 UNIFORM PLUMBING CODE, AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS.

TYPE OF ASSEMBLY

NEW _____ EXISTING _____ REPLACED _____ (OLD SERIAL # REPLACED)
☐ 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 _____
 SERVING/LOCATION: _____ DATE INSTALLED: _____

Is this assembly installed in accordance with manufacturer recommendations and/or the ICC 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 _____ PSI LEAKED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____ PSI LEAKED <input type="checkbox"/>	OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>	OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>	HELD AT _____ PSI LEAKED <input type="checkbox"/>
REPAIRS** MATERIAL USED					
FINAL TEST	D.C. CLOSED TIGHT <input type="checkbox"/> RP _____ PSI	CLOSEDTIGHT <input type="checkbox"/> _____ PSI	OPENED AT _____ PSI	OPENED AT _____ PSI	HELD AT _____ PSI

TEST GAUGE USED: MAKE/MODEL: _____ S/N: _____ CALIBRATION DATE: ____/____/____ {Tested annually}

REMARKS: _____

THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING
 Backflow Test Status ☐ Pass ☐ Fail

CT's FIRM NAME: _____ TESTER NAME: _____
 FIRM ADDRESS: _____ CITY TESTER NO.: _____
 _____ TEST DATE: _____
 FIRM PHONE #: _____ C.O.H. C. C. 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.