BACKFLOW ASSEMBLY TEST REPORT

Return Legible and Satisfactory Reports to:
CITY OF LIVE OAK, TEXAS
8001 SHIN OAK, LIVE OAK, TX 78233

☐ NEW INSTALL
☐ EXISTING INSTALL
☐ REPLACEMENT
OLD ASSY. SERIAL NUMBER

ASSEMBLY MANUFACTURER	MODEL	SERIAL NUMBER	SIZE

REQUIRED FOR ALL NEW, REPLACEMENTS & REMOVALS
☐ INSPECTED BY WATER PURVEYOR

OWNER/CONTROLLER NAME
ADMINISTRATIVE AUTHORITY
City of Live Oak, Texas

OWNER/CONTROLLER MAILING ADDRESS
FILE NUMBER

CONTACT NAME | CONTACT PHONE
METER NUMBER

FACILITY NAME

SERVICE ADDRESS

LOCATION OF ASSEMBLY

DOWNSTREAM PROCESS

AREA SERVED
☐ Domestic Water Service ☐ Irrigation Service
☐ Fire Service ☐ Other

INITIAL TEST RESULTS

RPBA
LINE PRESSURE AT TIME OF TEST _____ PSIG
PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID
RELIEF VALVE OPENED AT _____ PSID
NO. 1 CHECK: ☐ CLOSED TIGHT ☐ LEAKED
NO. 2 CHECK: ☐ CLOSED TIGHT ☐ LEAKED
PASSED TEST ☐ **YES** ☐ **NO** DATE OF TEST: _____
APPROVED AG? ☐ **YES** ☐ **NO**

DCVA
LINE PRESSURE AT TIME OF TEST _____ PSIG
NO. 1 CHECK: ☐ CLOSED TIGHT ☐ LEAKED _____ PSID
NO. 2 CHECK: ☐ CLOSED TIGHT ☐ LEAKED _____ PSID
PASSED TEST ☐ **YES** ☐ **NO** DATE OF TEST: _____

PVB
LINE PRESSURE AT TIME OF TEST _____ PSIG
AIR INLET: OPENED AT _____ PSID ☐ FAILED TO OPEN
CHECK VALVE: HELD TIGHT AT _____ PSID ☐ LEAKED
PASSED TEST ☐ **YES** ☐ **NO** DATE OF TEST: _____

AG
APPROVED AIR GAP SEPARATION PROVIDED? ☐ **YES** ☐ **NO**
(Physical Separation = 2 X Diameter of Supply Pipe to Overflow Rim)

TEST AFTER REPAIRS OR CLEANING

PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID
RELIEF VALVE OPENED _____ PSID
NO. 1 CHECK: ☐ CLOSED TIGHT ☐ LEAKED
NO. 2 CHECK: ☐ CLOSED TIGHT ☐ LEAKED
PASSED TEST ☐ **YES** ☐ **NO**

NO. 1 CHECK: ☐ CLOSED TIGHT ☐ LEAKED _____ PSID
NO. 2 CHECK: ☐ CLOSED TIGHT ☐ LEAKED _____ PSID
PASSED TEST ☐ **YES** ☐ **NO**

AIR INLET: OPENED AT _____ PSID ☐ FAILED TO OPEN
CHECK VALVE: HELD TIGHT AT _____ PSID ☐ LEAKED
PASSED TEST ☐ **YES** ☐ **NO**

PLEASE RECORD REPAIR OR CLEANING INFORMATION IN REMARKS SECTION BELOW

PROPER INSTALLATION? ☐ **YES** ☐ **NO**

WATER SERVICE RESTORED? ☐ **YES** ☐ **NO**

RECORD DETECTOR METER READING - WHEN APPLICABLE

REMARKS:

Company Name:	BPAT License Number:	BPAT License Expiration Date:
Company Address:		Contact Phone Number:
Test Kit Make:	Test Kit Model:	Test Kit Serial Number:
Tester's First Name: / Tester's Last Name:	Test Kit Calibration Date:	Test Kit Expiration Date:
Tester's Signature:	☐ I CERTIFY THAT I USED TCEQ TEST METHODS AND DIFFERENTIAL PRESSURE TEST EQUIPMENT	

FAILED, INCOMPLETE AND ILLEGIBLE TEST REPORTS WILL NOT BE ACCEPTED– PLEASE CHECK YOUR TESTERS REPORTS

Rev. 12/2023