



BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT
PWS I.D. # 2200063

PROPERTY INFORMATION	☐ Commercial ☐ Residential
Owner/Manager	
Business Name	
Mailing Address	
Phone Number/Email	

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.

BACKFLOW PREVENTION ASSEMBLY INFORMATION					
Assembly Address:					
Location on Property:					
Type	☐ RPBA	☐ RPBA-D	☐ DCVA	☐ DCVA-D	☐ PVA ☐ SVB
Manufacturer		Size		Model	
BPA Serves	☐ Lawn Irrigation		☐ Fire Sprinkler Line		☐ Other:

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 PASS ☐ FAIL ☐	Reduced Pressure Principle Assembly (RPBA)			PVB & SVB	
	DCVA		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check***			
Initial Test Date: _____ Time: _____	DC-____ psid RP-____ psid Leaked ☐	DC-____ psid RP-____ psid Closed Tight ☐ Leaked ☐	Opened at ____ psid Did not open ☐	Opened at ____ psid Did not open ☐ Did it fully open? (☐ Yes / ☐ No)	Held at ____ psid Leaked ☐
Repairs and Materials Used**					
Test After Repair Date: _____ Time: _____ PASS ☐ FAIL ☐	DC-____ psid RP-____ psid Leaked ☐	DC-____ psid RP-____ psid Closed Tight ☐ Leaked ☐	Opened at ____ psid Did not open ☐	Opened at ____ psid Did not open ☐	Held at ____ psid Leaked ☐

*** 2nd check: numeric reading required for DCVA only

Differential pressure gauge used:	Potable: ☐	Non-Potable: ☐
Make/Model:	SN:	Date tested for accuracy :

Remarks:	
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TESTER INFORMATION

I hereby swear or affirm that I am the License Tester and that the information contained herein are true and correct.			
Company Name:		Licensed Tester Name (Signature):	
Company Address:		Licensed Tester Name (Print/Type)	
Company Phone #:		BPAT License #	
		License Expiration Date:	

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

To submit on-line please press the **SUBMIT** button at top of page:

To Print and mail form, please print and mail to: Tuan Ngo, Regulatory Compliance
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