

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:           | City of Copperas Cove                                |
| PWS ID#:               | 0500001                                              |
| PWS MAILING ADDRESS:   | 914 Tank Street, Copperas Cove, TX 76522             |
| PWS CONTACT PERSON:    | Corey Chambers / Water Superintendent (254) 280-9813 |
| ADDRESS OF SERVICE:    |                                                      |
| PROPERTY OWNER'S NAME: |                                                      |

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): |                                   |  |                                                      |
|---------------------------------------------|-----------------------------------|--|------------------------------------------------------|
|                                             | Reduced Pressure Principle (RPBA) |  | Reduced Pressure Principle-Detector (RPBA-D) Type II |
|                                             | Double Check Valve (DCVA)         |  | Double Check-Detector (DCVA-D) Type II               |
|                                             | Pressure Vacuum Breaker (PVB)     |  | Spill-Resistant Pressure Vacuum Breaker (SVB)        |

|                |       |         |               |       |         |
|----------------|-------|---------|---------------|-------|---------|
| Manufacturer:  | Main: | Bypass: | Size:         | Main: | Bypass: |
| Model Number:  | Main: | Bypass: | BPA Location: |       |         |
| Serial Number: | Main: | Bypass: | BPA Serves:   |       |         |

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

| TEST RESULT<br><br>PASS <input type="checkbox"/><br>FAIL <input type="checkbox"/> | 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><br>Date:<br>Time:                                             | Held at ____ psid<br>Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Held at ____ psid<br>Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at ____ psid<br>Did not open <input type="checkbox"/> | Held at ____ psid<br>Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at ____ psid<br>Did not open <input type="checkbox"/><br>Did it fully open?<br>(Yes <input type="checkbox"/> /No <input type="checkbox"/> | Held at ____<br>psid<br>Leaked <input type="checkbox"/> |             |
| Repairs and Materials Used**                                                      | Main:<br><br>Bypass:                                                                          |                                                                                               |                                                              |                                                                                               |                                                                                                                                                  |                                                         |             |
| <b>Test After Repair</b><br>Date:<br>Time:                                        | Held at ____ psid<br>Closed Tight <input type="checkbox"/>                                    | Held at ____ psid<br>Closed Tight <input type="checkbox"/>                                    | Opened at ____ psid                                          | Held at ____ psid<br>Closed Tight <input type="checkbox"/>                                    | Opened at ____ psid                                                                                                                              | Held at ____<br>psid                                    |             |

\*\*\* 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:                       | SN:                               | Date tested for accuracy :            |

|                  |  |                                    |  |
|------------------|--|------------------------------------|--|
| Remarks:         |  |                                    |  |
|                  |  |                                    |  |
|                  |  |                                    |  |
| Company Name:    |  | Licensed Tester Name (Print/Type): |  |
| Company Address: |  | Licensed Tester Name (Signature):  |  |
| 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