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 SAN BENITO
PWS ID#:	0310007
PWS MAILING ADDRESS:	400 N Travis, San Benito, TX 78586
PWS CONTACT PERSON:	Alfred J Wasielewski BP0019556
ADDRESS OF SERVICE:	**Name:**

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:		

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	
PASS ☐	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
FAIL ☐	1st Check	2nd Check***				
Initial Test Date: Time:	Held at ____ psid Closed Tight ☐ Leaked ☐	Held at ____ psid Closed Tight ☐ Leaked ☐	Opened at ____ psid Did not open ☐	Held at ____ psid Closed Tight ☐ Leaked ☐	Opened at ____ psid Did not open ☐ Did it fully open (Yes ☐ /No ☐	Held at ____ psid Leaked ☐
Repairs and Materials Used**	Main: Bypass:					
Test After Repair Date: Time:	Held at ____ psid Closed Tight ☐	Held at ____ psid Closed Tight ☐	Opened at ____ psid	Held at ____ psid Closed Tight ☐	Opened at ____ psid	Held at ____ psid

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

Differential pressure gauge used:			Potable: ☐	Non-Potable: ☐	
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 #	
Email:		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