www.cityofwebster.com

Office Hours
Mon.-Thur. 7:30am-5:30pm
Friday 7:30am-11:30am
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CITY OF WEBSTER

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT *

ILLEGIBLE OR INCOMPLETE TEST REPORTS WILL NOT BE ACCEPTED

NAME OF PROPERTY: _____

PROPERTY ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **PHONE #:** _____

MAILING ADDRESS: _____ **CONTACT PERSON:** _____

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 #** _____

LOCATION OF ASSEMBLY _____ **DATE INSTALLED** _____

Is this assembly installed in accordance with manufacturer recommendations and/or City's 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 ☐ RP _____ PSI LEAKED ☐	CLOSED TIGHT ☐ _____ PSI LEAKED ☐	OPENED AT _____ PSI DID NOT OPEN ☐	OPENED AT _____ PSI DID NOT OPEN ☐	HELD AT _____ PSI LEAKED ☐
REPAIRS MATERIALS USED**					
FINAL TEST	D.C. CLOSED TIGHT ☐ RP _____ PSI	CLOSED TIGHT ☐ _____ 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** ☐

FIRM NAME: _____
FIRM ADDRESS: _____
FIRM PHONE #: _____

TESTER NAME: _____
CERT TESTER #: _____
TEST DATE: _____

***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.**