



PWS# 0430009

Permit # _____ - _____

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NEW EXISTING REPLACED (OLD SERIAL #) _____

Assembly Location

Facility Name _____ Phone _____

Service Address _____ Zip _____

Contact Name _____ Phone _____

Contact Information

Mailing Name _____ Address _____

City _____ State _____ Zip _____

THE BACKFLOW ASSEMBLY DETAILED BELOW HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ REGULATIONS AND IS CERTIFIED TO BE OPERATING WITHIN ACCEPTABLE PARAMETERS.

Is the assembly installed in accordance with manufacturer recommendations and/ or local codes? _____ (Yes/No)

Assembly Information

RP DC PVB SVB RPDA DCDA OTHER

Size: _____ Mfg : _____ Model: _____ Serial #: _____

Device Location _____

Hazard Description _____

Test Date	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve Opened at _____psid Did not open <input type="checkbox"/>	Air Inlet	Check Valve
_____	#1 Check Held at _____ Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/>	#2 Check Held at _____ Closed tight <input type="checkbox"/> Leaked <input type="checkbox"/>			Opened At _____psid Did not open <input type="checkbox"/>
Initial Test					
Repair Materials Used	USE ONLY MANUFACTURER'S REPLACEMENT PARTS				
Final Test	Held at _____ Closed tight <input type="checkbox"/>	Held at _____ Closed tight <input type="checkbox"/>	Opened at _____psid	Opened at _____psid	Held at _____psid
Remarks	_____ _____				

Test records must be kept for 3 Years

Test Gauge

Manufacturer _____ SN _____ Date tested for accuracy _____

Tester

The above is certified to be true at the time of testing

Tester Name _____ Certified BPAT Tester Number _____

Company Name _____ Company Address _____

Signature _____ Phone # _____ Date _____

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