



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.

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 Opened At _____ psid Did not open <input type="checkbox"/>	Check Valve Held at _____ psid Leaked <input type="checkbox"/>
Initial Test	#1 Check Held at _____ Leaked <input type="checkbox"/>	#2 Check Held at _____ Leaked <input type="checkbox"/>			
Repair Materials Used	_____				
Final Test	Held at _____	Held at _____	Opened at _____ psid	Opened at _____ psid	Held at _____ psid

Test Gauge

Manufacturer _____ SN _____ Calibration Date _____

Tester

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

Tester Name _____ BPAT# _____

Company Name _____ Phone# _____

Signature _____ Date _____

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