



**FORWARD THIS ORIGINAL REPORT TO: CITY OF COLLEGE STATION WATER SERVICES
 BACKFLOW PREVENTION
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 979-764-3660**

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 PWS CONTACT:
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BACKFLOW PREVENTION ASSEMBLY TEST & 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.

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.

BACKFLOW ASSEMBLY INFORMATION: SERIAL# _____ MANUFACTURER: _____ MODEL: _____ SIZE: _____

ADDRESS OF SERVICE _____

LOCATION ON PROPERTY _____

RPBA _____ RPBA-D TYPE II _____ DCVA _____ DCVA-D TYPE II _____ PVB _____ SVB _____ Other _____

REASON FOR TEST: NEW: _____ EXISTING: _____ REPLACEMENT: _____ OLD MODEL SERIAL #: _____

REASON ASSEMBLY IS INSTALLED: FIRELINE: _____ FIRELINE/ANTIFREEZE: _____ DOMESTIC: _____ IRRIGATION: _____ OTHER: _____

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? YES _____ NO _____

INITIAL TEST	REDUCED PRESSURE BACKFLOW PREVENTION ASSEMBLY			TYPE II ASSEMBLY	PVB & SVB	
	DOUBLE-CHECK VALVE ASSEMBLY		PRESSURE RELIEF VALVE		BYPASS CHECK	AIR INLET
PASS	1 ST CHECK	2 ND CHECK				
FAIL	HELD AT _____ PSID	HELD AT _____ PSID	OPENED AT _____ PSID	HELD AT _____ PSID	OPENED AT _____ PSID	HELD AT _____ PSID
DATE	CLOSED TIGHT _____	CLOSED TIGHT _____	DID NOT OPEN _____	CLOSED TIGHT _____	DID NOT OPEN _____ DID IT FULLY OPEN YES _____ NO _____	LEAKED _____
	LEAKED _____	LEAKED _____		LEAKED _____		

REPAIRS & MATLS USED

MAIN _____

BYPASS _____

TEST AFTER REPAIRS DATE	HELD AT _____ PSID	HELD AT _____ PSID	OPENED AT _____ PSID	HELD AT _____ PSID	OPENED AT _____ PSID	HELD AT _____ PSID
	CLOSED TIGHT _____	CLOSED TIGHT _____		CLOSED TIGHT _____		

***CHECK: NUMERIC READING REQUIRED FOR DCVA ONLY

DIFFERENTIAL PRESSURE GAUGE USED: POTABLE: _____ NON-POTABLE: _____ GAUGE MFG: _____

MODEL: _____ SERIAL #: _____ DATE TESTED FOR ACCURACY: _____

LICENSED TESTER NAME (PRINT): _____ LICENSED TESTER SIGNATURE: _____

BPAT LICENSE #: _____ LICENSE EXPIRATION DATE: _____ PHONE #: _____

COMPANY NAME: _____ COMPANY ADDRESS: _____

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