



Permit # _____

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 record keeping purposes:

| | |
|--------------------------|---|
| NAME OF PWS: | City of Richardson Remit ANNUAL report to 1260 Columbia Dr. Richardson, Texas 75081 |
| PWS ID#: | 0570015 Contact info 972) 744-4438 fax 972) 744-5814 |
| PWS MAILING ADDRESS: | Remit ANNUAL report to 1260 Columbia Dr. Richardson, Texas 75081 |
| PWS CONTACT PERSON: | 972) 744-4438 fax 972) 744-5814 |
| RESIDENT/BUSINESS OWNER: | |
| ADDRESS OF SERVICE: | |

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.

TYPE OF BACKFLOW PREVENTION ASSEMBLY (BPA):

| | | | |
|--------------------------|-----------------------------------|--------------------------|---|
| <input type="checkbox"/> | Reduced Pressure Principle (RPBA) | <input type="checkbox"/> | Reduced Pressure Principle-Detector (RPBA-D) |
| <input type="checkbox"/> | Double Check Valve (DCVA) | <input type="checkbox"/> | Double Check-Detector (DCVA-D) |
| <input type="checkbox"/> | Pressure Vacuum Breaker (PVB) | <input type="checkbox"/> | Spill-Resistant Pressure Vacuum Breaker (SVB) |

| | | | |
|----------------|--|---------------|--|
| Manufacturer: | | Size: | |
| Model Number: | | BPA Location: | |
| Serial Number: | | BPA Serves: | |

| | | | | |
|---|------------------------------|-----------------------------------|--------------------------------------|--|
| Reason for test: | New <input type="checkbox"/> | Existing <input type="checkbox"/> | Replacement <input type="checkbox"/> | Old Model/Serial # |
| Is the assembly installed in accordance with manufacturer recommendations and/or local codes? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the assembly installed on a non-potable water supply (auxiliary)? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | Reduced Pressure Principle Assembly (RPBA) | | | PVB & SVB | |
|--|--|--|---|--|---|
| | DCVA | | Relief Valve | Air Inlet | Check Valve |
| | 1 st Check | 2 nd Check*** | | | |
| Initial Test Date: Time: | Held at ___ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | Held at ___ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | Opened at ___ psid Did not open <input type="checkbox"/> | Opened at ___ psid Did not open <input type="checkbox"/> Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/>) | Held at ___ psid Leaked <input type="checkbox"/> |
| Repairs and Materials Used** | | | | | |
| Test After Repair Date: Time: | Held at ___ psid Closed Tight <input type="checkbox"/> | Held at ___ psid Closed Tight <input type="checkbox"/> | Opened at ___ psid | Opened at ___ psid | Held at ___ psid |

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

| | | |
|-----------------------------------|-----------------------------------|---------------------------------------|
| Differential pressure gauge used: | Potable: <input type="checkbox"/> | Non-Potable: <input type="checkbox"/> |
| Make/Model: | SN: | Date tested for accuracy : |

| | |
|----------|--|
| Remarks: | |
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|------------------|------------------------------------|
| Company Name: | Licensed Tester Name (Print/Type): |
| Company Address: | Licensed Tester Name (Signature): |
| Company Phone #: | BPAT License # |
| | 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)]

NOTICE: This form is required to be placed with the backflow prevention assembly in a water tight package for new devices.

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| TEST RESULT |
| PASS <input type="checkbox"/> |
| FAIL <input type="checkbox"/> |