



CITY OF DENISON

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 recordkeeping *purposes:

NAME OF PWS: City of Denison
PWS ID#: TX 091003
PWS MAILING ADDRESS:
PWS CONTACT PERSON:
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):

Reduced Pressure Principle (RPBA)
Reduced Pressure Principle-Detector (RPBA-D)
Double Check Valve (DCVA)
Double Check-Detector (DCVA-D)
Pressure Vacuum Breaker (PVB)
Spill-Resistant Pressure Vacuum Breaker (SVB)

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

Reason for test: New Existing Replacement Old Model/Serial #
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?
Is the assembly installed on a non-potable water supply (auxiliary)?

Initial Test
Date:
Time:
Held at psid
Closed Tight
Leaked
DCVA
1st Check
2nd Check***
Relief Valve
Opened at psid
Did not open
Air Inlet
Opened at psid
Did not open
Did it fully open
Check Valve
Held at psid
Leaked

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

Differential pressure gauge used:
Potable:
Non-Potable:
Make/Model:
SN:
Date tested for accuracy :

Remarks:

Company Name:
Company Address:
Company Phone #:
Licensed Tester Name (Print/Type):
Licensed Tester Name (Signature):
BPAT License #
License Expiration Date:

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

TEST RESULT
PASS
FAIL

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS

[30 TAC§290.46(B)]

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS