



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:	FAIR OAKS RANCH UTILITIES
PWS ID #:	0150216
PWS MAILING ADDRESS:	7286 DIETZ ELKHORN, FAIR OAKS RANCH, TEXAS 78015
PWS CONTACT PERSON:	RON EMMONS, P.E.
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:			
<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:			
Model Number:		Size:	
Serial Number:		Location:	

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

Repairs and Materials Used**					
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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
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Test Gauge Make/Model:			
Serial Number:		Date Tested for Accuracy:	
Remarks:			

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

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

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS
** USE ONLY MANUFACTURER'S REPLACEMENT PARTS

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