

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

East Central Special Utility District

P.O. Box 570

Adkins, Texas 78101-0570

Office: (210) 649-2383

Clear Form

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: East Central Special Utility District		PWS ID #: TX0150138	
Type of Service (Please mark box)	Residential <input type="checkbox"/>	Containment <input type="checkbox"/>	Domestic <input type="checkbox"/> Fire <input type="checkbox"/>
	Commercial <input type="checkbox"/>	Internal <input type="checkbox"/>	Irrigation <input type="checkbox"/>
Owner Contact Info	Name:	Phone:	
	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: <input type="checkbox"/> 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
Initial Test	1 st Check	2 nd Check***			
Date:	Held at _____ psid	Held at _____ psid	Opened at _____ psid	Opened at _____ psid	Held at _____ psid
Time:	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>		Did it fully open <input type="checkbox"/> Yes / <input type="checkbox"/> No	
Repairs and Materials Used**					
Test After Repair	Held at _____ psid	Held at _____ psid	Opened at _____ psid	Opened at _____ psid	Held at _____ psid
Date:	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>			
Time:					

*** 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			
Company Name:	Licensed Tester Name (Print/Type):		
Company Phone #:	Licensed Tester Name (Signature):		
Company Address:	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)]

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS

Test Result
Pass <input type="checkbox"/>
Fail <input type="checkbox"/>