



BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT
PWS I.D. # 2200063

PROPERTY INFORMATION	<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
Owner/Manager		
Business Name		
Mailing Address		
Phone Number/Email		

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 PREVENTION ASSEMBLY INFORMATION						
Assembly Address:						
Location on Property:						
Type	<input type="checkbox"/> RPBA	<input type="checkbox"/> RPBA-D	<input type="checkbox"/> DCVA	<input type="checkbox"/> DCVA-D	<input type="checkbox"/> PVA	<input type="checkbox"/> SVB
Manufacturer	Size	Model	Serial No.			
BPA Serves	<input type="checkbox"/> Lawn Irrigation	<input type="checkbox"/> Fire Sprinkler Line	<input type="checkbox"/> Other:			

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

TEST RESULT PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	Reduced Pressure Principle Assembly (RPBA)		PVB & SVB		
	DCVA		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check***			
Initial Test Date: _____ Time: _____	DC-___ psid RP-___ psid Leaked <input type="checkbox"/>	DC-___ psid RP-___ 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? (<input type="checkbox"/> Yes / <input type="checkbox"/> No)	Held at _____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used**					
Test After Repair Date: _____ Time: _____ PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	DC-___ psid RP-___ psid Leaked <input type="checkbox"/>	DC-___ psid RP-___ 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"/>

*** 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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TESTER INFORMATION

I hereby swear or affirm that I am the License Tester and that the information contained herein a are true and correct.			
Company Name:		Licensed Tester Name (Signature):	
Company Address:		Licensed Tester Name (Print/Type)	
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)]

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS

To Print and mail form, please print and mail to:
 To submit on-line please press the **SUBMIT** button at top of page:

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