**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.

CITY OF VICTORIA PUBLIC WORKS DEPARTMENT
NAME OF PWS: VICTORIA, CITY OF PWS ID# 2350002
Attn: Customer Service and Environmental Compliance Manager
Phone: 361-485-3186
700 Main Center, Suite 107
PO Box 1758 Victoria, TX 77902

FACILITY NAME: ___________________________ PHYSICAL ADDRESS: ___________________________

FACILITY MAILING ADDRESS: ___________________________

CONTACT PERSON: ___________________________ PHONE: ___________________________

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)
- Type II
- Double Check Valve (DCVA)
- Double Check-Detector (DCVA-D)
- Type II
- Pressure Vacuum Breaker (PVB)
- Spill-Resistant Pressure Vacuum Breaker (SVB)

<table>
<thead>
<tr>
<th>Manufacturer:</th>
<th>Main:</th>
<th>Bypass:</th>
<th>Size:</th>
<th>Main:</th>
<th>Bypass:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Model Number:</td>
<td>Main:</td>
<td>Bypass:</td>
<td>BPA Location:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serial Number:</td>
<td>Main:</td>
<td>Bypass:</td>
<td>BPA Serves:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reason for test:**
- New [ ]
- Existing [ ]
- Replacement [ ]
- Old Model/Serial # [ ]

**Is the assembly installed in accordance with manufacturer recommendations and/or local codes?**
- Yes [ ]
- No [ ]

**Is the assembly installed on a non-potable water supply (auxiliary)?**
- Yes [ ]
- No [ ]

### TEST RESULT

**PASS [ ]**
**FAIL [ ]**

<table>
<thead>
<tr>
<th><strong>Reduced Pressure Principle Assembly (RPBA)</strong></th>
<th><strong>Type II Assembly</strong></th>
<th><strong>PVB &amp; SVB</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DCVA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Relief Valve</td>
<td>Bypass Check</td>
</tr>
<tr>
<td></td>
<td>1st Check</td>
<td>2nd Check***</td>
</tr>
</tbody>
</table>

#### Initial Test
- Date: [ ]
- Time: [ ]

<table>
<thead>
<tr>
<th>Held at ____ psid</th>
<th>Held at ____ psid</th>
<th>Opened at ____ psid</th>
<th>Held at ____ psid</th>
<th>Opened at ____ psid</th>
<th>Held at ____ psid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed Tight</td>
<td>Closed Tight</td>
<td>Did not open</td>
<td>Closed Tight</td>
<td>Did not open</td>
<td>Leaked</td>
</tr>
<tr>
<td>Leaked</td>
<td>Leaked</td>
<td></td>
<td>Leaked</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Main:** [ ]
- **Bypass:** [ ]

#### Repairs and Materials Used**
- Main: [ ]
- Bypass: [ ]

#### Test After Repair
- Date: [ ]
- Time: [ ]

<table>
<thead>
<tr>
<th>Held at ____ psid</th>
<th>Held at ____ psid</th>
<th>Opened at ____ psid</th>
<th>Held at ____ psid</th>
<th>Opened at ____ psid</th>
<th>Held at ____ psid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed Tight</td>
<td>Closed Tight</td>
<td></td>
<td>Closed Tight</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Make/Model:</strong></th>
<th><strong>SN:</strong></th>
<th><strong>Date tested for accuracy:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Remarks:**

Company Name: ___________________________

Licensed Tester Name (Print/Type): ___________________________

Company Address: ___________________________

Licensed Tester Name (Signature): ___________________________

Company Phone #: ___________________________

BPAT License # ___________________________

License Expiration Date: ___________________________

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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