

City of Boerne Public Works Department

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

- The following form must be completed for each assembly tested.
- All of the information must be completed for each assembly tested – incomplete forms will not be accepted.
- A signed and dated **original** must be submitted to the public water supplier for record keeping purposes.
- Testers must keep copies of all tests for 3 years. [30 TAC §290.46(B)]
- Only manufacturer's replacement parts may be used for repairs.

NAME OF PWS: City of Boerne PWS I.D. #: 1300001
 MAILING ADDRESS: 447 N. Main St., Boerne, Texas 78006 CONTACT PERSON: Crystal Barrera

ADDRESS OF SERVICE: _____

BUSINESS NAME: _____

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulation and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY

- 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)

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

Reason for Testing: New Existing / Annual Replacement Old Model & Serial # _____

Test Result	Reduced Pressure Principal Assembly (RPBA-D)			Type II Assembly	PVB & SVB	
	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
PASS <input type="checkbox"/>	1st Check	2nd Check***			Opened at ____ psid	Held at ____ psid
FAIL <input type="checkbox"/>						
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"/>	Held at ____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/> Did it fully open Yes <input type="checkbox"/> No <input type="checkbox"/>	Held at ____ psid Leaked <input type="checkbox"/>
Repairs & Materials Used	Main: Bypass:					
Test After Repair Date & Time	Held at ____ psid Closed Tight <input type="checkbox"/>	Held at ____ psid Closed Tight <input type="checkbox"/>	Opened at ____ psid	Held at ____ psid Closed Tight <input type="checkbox"/>	Opened at ____ psid	Held at ____ psid

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

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? Yes No

Differential pressure gauge used: Make/Model _____ SN: _____ Potable Non-Potable

Date tested for accuracy: _____ Remarks: _____

TEST RESULT: PASS FAIL

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

Tester Co. Name _____ Certified Tester Name _____

Tester Co. Address _____ TCEQ BPAT Lic. No. _____

Tester Contact Phone # _____ License Expiration Date _____

Tester Signature _____