



*P.O. Box 1677 • 402 E. Blanco
Boerne, Texas 78006*

City of Boerne Cross Connection Control and Backflow Prevention Program

The City of Boerne (City) has in place, a Cross Connection Control and Backflow Prevention Program. This program, as required by the Texas Commission on Environmental Quality, was established to protect the public potable water distribution system from backflow of contaminants or pollutants through individual water service connections, as well as fire services.

As part of this program, establishments that have backflow prevention devices are required to register those devices with the City and pay a one-time registration fee of \$25.00 for each device. It is a requirement that each device be tested by a certified tester on an annual basis and a copy of the test results forwarded to the City. Each tester must be registered with the City and pay an annual registration fee of \$50.00.

Attached please find a registration form for your device as well as a tester registration form. If you need additional copies of the forms, please notify the Public Works office.

If you have any questions regarding this program or would like a copy of the City's Cross Connection Control and Backflow Prevention Ordinance, please feel free to contact us.

Thank you for helping the City of Boerne maintain a Superior Water System.

City of Boerne
Backflow Prevention Assembly Tester Registration Form
A \$50.00 annual registration fee is required for each tester.

Date: _____

Tester's Name: _____

Certified Tester Number: _____

Firm Name: _____

Address: _____

Phone Number: _____

Alt. Number: _____

Test Gauge Used

Make/Model: _____

Serial Number: _____

Calibration Date: _____

Required Attachments

Proof of TCEQ Certification

Calibration Documentation

Registration Renewal Fee

Office Use Only

COB Tester Number: _____
Registration Paid: _____

City of Boerne
Backflow Prevention Assembly Registration Form

- A \$25.00 registration fee is required for each device.
- Only one device per form.
- All information must be complete – incomplete forms will not be accepted.
- This form must be accompanied by the “City of Boerne Backflow Prevention Assembly Test and Maintenance Report” documenting the results of the initial test on the device.
- Devices need to be registered only once but must be tested on an annual basis by a tester licensed by TCEQ and registered with the City of Boerne.

Registration Date: _____

Facility Name: _____

Facility Address: _____

Mailing Address: _____

Facility Contact Name: _____

Contact Number: _____ Alt. Number: _____

Assembly Type: _____ Size: _____

Manufacturer: _____ Model: _____

Serial Number: _____

Location of Device: _____

Office Use Only

COB Facility ID: _____	COB Assembly ID: _____
Registration Paid: _____	

City of Boerne Public Works Department

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

- 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.

NAME OF PWS: City of Boerne
 MAILING ADDRESS: 402 E Blanco Rd, Boerne, Texas 78006

PWS I.D. #: 1300001
 CONTACT PERSON: Jennifer Medeiros

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

- | | |
|---|--|
| <input type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Reduced Pressure Principle-Detector |
| <input type="checkbox"/> Double Check Valve | <input type="checkbox"/> Double Check-Detector |
| <input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

Manufacturer _____

Model Number _____

Size _____

Serial Number _____

Location of device on property _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? _____

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker			
	Double Check Valve Assembly		Relief Valve	Air Inlet		Check Valve	
	1st Check	2nd Check		Opened at	psid	Held at	psid
Initial Test	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"/>	Did not open <input type="checkbox"/>		Leaked <input type="checkbox"/>	
Repairs and Materials Used							
Test After Repair	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	

Test gauge used: Make/Model _____ SN: _____ Calibration Date: _____

Remarks: _____

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

Tester Co. Name _____

Certified Tester _____

Tester Co. Address _____

Cert. Tester TCEQ No. _____

Tester Contact Phone # _____

Test Date _____