



*P.O. Box 1677 • 447 N. Main
Boerne, Texas 78006*

City of Boerne Cross Connection Control and Backflow Prevention Program

The City of Boerne (City) has 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, fire service and irrigation connections.

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 also 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 are a registration form for your device, a tester registration form and an annual test and maintenance report form for your use. Please discard any earlier versions of these forms, as they will no longer be accepted. The changes to the forms were mandated by TCEQ so we can only accept these new forms at this time.

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 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

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Reduced Pressure Principle (RPBA) | <input type="checkbox"/> Reduced Pressure Principle-Detector (RPBA-D) | <input type="checkbox"/> Type II |
| <input type="checkbox"/> Double Check Valve (DCVA) | <input type="checkbox"/> Double Check-Detector (DCVA-D) | <input type="checkbox"/> Type II |
| <input type="checkbox"/> Pressure Vacuum Breaker (PVB) | <input type="checkbox"/> 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 PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	Reduced Pressure Principal Assembly (RPBA-D)		Type II Assembly	PVB & SVB		
	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
	1st Check	2nd Check***				Opened at ____ psid
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 _____

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

Date: _____

Tester's Name: _____

Certified Tester Number: _____

Firm Name: _____

Address: _____

Email: _____

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: _____