Brookshire Municipal Water District

P.O. Box 1850 ◆ 4004 6th Street

Brookshire, Texas 77423

Phone: (281) 375-5010 Fax: (281) 934-4877

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

TEST AND MAINTENANCE REPORT*

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Name of Property Owner: _____

Property Address: _____

City/ State: _____ Zip: _____ Phone#: _____

Mailing Address: _____ Contact Person: _____

THE BACKFLOW PREVENTION ASSEMBLY DETAILED HERON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ-CHAPTER 290, RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, INTERNATIONAL PLUMBING CODE, AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS.

TYPE OF ASSEMBLY

NEW: _____ EXISTING: _____ REPLACED: _____ OLD SERIAL # (REPLACED): _____

☐ REDUCED PRESSURE PRINCIPLE (RP)

☐ PRESSURE VACUUM BREAKER (PVB)

☐ DOUBLE CHECK VALVE (DCV)

☐ REDUCED PRESSURE ZONE ASSEMBLIES (RPZA)

☐ REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)

☐ SPILL- RESISTANT PRESSURE VACUUM BREAKER (SVB)

☐ DOUBLE CHECK VALVE DETECTOR (DCD)

MANUFACTURER: _____

SIZE: _____

LOCATION: _____

MODEL #: _____

SERIAL NUMBER: _____

DATE INSTALLED: _____

	REDUCED PRESSURE PRINCIPAL ASSEMBLY			PRESSURE VACUUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	CHECK VALVE #1	CHECK VALVE #2			
INITIAL TEST	DC CLOSED TIGHT ☐ RP _____PSI LEAKED ☐	CLOSED TIGHT ☐ _____PSI LEAKED ☐	OPEN AT _____ PSI DID NOT OPEN ☐	OPEN AT _____ PSI DID NOT OPEN ☐	HELD AT _____ PSI LEAKED ☐
REPAIRS** AND MATERIAL USED					
FINAL TEST	DC CLOSED TIGHT ☐ RP _____PSI	CLOSED TIGHT ☐ _____PSI	OPEN AT _____ PSI	OPEN AT _____ PSI	HELD AT _____ PSI

TEST GAUGE USED: MAKE/ MODEL: _____ S/N: _____ CALIBRATION DATE: _____ (TESTED ANNUALLY)

REMARKS: _____

THE ABOVE TEST IS CERTIFIED TO BE TRUE (The test results reflect the soundness of the assembly at testing time only.)

BACKFLOW TEST STATUS: PASS ☐ FAIL TEST DATE: _____/_____/_____

CT'S FIRM NAME: _____ FIRM PHONE #: _____

FIRM ADDRESS: _____

CERTIFIED TESTER NAME: _____CERTIFIED TESTER NO: _____

***TEST REPORT MUST BE KEPT FOR AT LEAST THREE (3) YEARS.**

TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THEREAFTER.

****USE ONLY MANUFACTURER'S REPLACEMENT PARTS.**

Revised 3/2017