

# CITY OF IRVING

## BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NEW \_\_\_\_\_ EXISTING \_\_\_\_\_ REPLACED \_\_\_\_\_ (OLD SERIAL # REPLACED) \_\_\_\_\_

### Assembly Location

Facility Name \_\_\_\_\_ Phone \_\_\_\_\_

Service Address \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

### Contact Information

Mailing Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

THE BACKFLOW PREVENTION ASSEMBLY DETAILED BELOW HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ REGULATIONS AND IS CERTIFIED TO BE OPERATING WITHIN ACCEPTABLE PARAMETERS.

### Assembly Information

PVB \_\_\_\_\_ SVB \_\_\_\_\_ DC \_\_\_\_\_ DCDA \_\_\_\_\_ RP \_\_\_\_\_ Air Gap \_\_\_\_\_

Size: \_\_\_\_\_ Mfg: \_\_\_\_\_ Model: \_\_\_\_\_ Serial # \_\_\_\_\_

Equip Location \_\_\_\_\_

Hazard Description \_\_\_\_\_

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
<b>Test Date</b>	<b>Double Check Valve Assembly</b>			<b>Air Inlet</b>	<b>Check Valve</b>
	#1 Check	#2 Check	Relief Valve Opened At	Open at _____psid	_____psid
<b>Initial Test</b>	Held at _____	Held at _____	_____psid	Did not open	Leaked
	Leaked	Leaked	Did Not Open		
<b>Repairs Materials Used</b>					
<b>Final Test</b>	Held at _____	Held at _____	Opened at _____psid	Opened at _____psid	Held at _____psid

### Test Gauge

Manufacturer \_\_\_\_\_ SN \_\_\_\_\_ Calibration Date \_\_\_\_\_

### Tester

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

Tester Name \_\_\_\_\_ BPAT # \_\_\_\_\_

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill out the entire form. I would like as much information as possible. Please print neatly. All originals go to Water Utilities / EC 333 Valley View Lane, Irving, Texas 75061. Office 972.721.2104 / Fax 972.721.7301