



The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping purposes.

Department of Public Works  
 16327 Lakeview Drive  
 Jersey Village, TX 77040  
 713-466-2110  
 FAX: 713-466-2140

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

**REQUIRED! IS THIS A REPLACEMENT?**    **NO**                    **YES**    **SERIAL # OF REPLACED DEVICE WAS**

SERIAL NUMBER: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Assembly Address: \_\_\_\_\_

PVB     DC     RP     Air Gap     SVB     DCDA     RPDA     Other

Size: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Assembly Physical Location: \_\_\_\_\_

Reason Device is installed: \_\_\_\_\_

Is the Assembly installed in accordance with manufacturer's recommendations and/or local codes?    ____ yes    ____ no											
INITIAL TEST	DOUBLE CHECK	REDUCED PRESSURE	PRESSURE VACUUM BREAKER								
Passed <input type="checkbox"/> Failed <input type="checkbox"/>  ____/____/____  <b>Static Press.</b>  _____	Check # 1 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid  Check # 2 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid	Relief Valve Opened at _____ psid (min. 2)  Check # 1 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid  Check # 2 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Air Inlet</th> <th style="width:50%;">Check</th> </tr> <tr> <td>Opened at _____ psid                   (min. 1)</td> <td>Held at _____ psid                   (min. 1)</td> </tr> <tr> <td>Did not open <input type="checkbox"/></td> <td>Failed <input type="checkbox"/></td> </tr> <tr> <td>Passed <input type="checkbox"/></td> <td>Passed <input type="checkbox"/></td> </tr> </table>	Air Inlet	Check	Opened at _____ psid (min. 1)	Held at _____ psid (min. 1)	Did not open <input type="checkbox"/>	Failed <input type="checkbox"/>	Passed <input type="checkbox"/>	Passed <input type="checkbox"/>
Air Inlet	Check										
Opened at _____ psid (min. 1)	Held at _____ psid (min. 1)										
Did not open <input type="checkbox"/>	Failed <input type="checkbox"/>										
Passed <input type="checkbox"/>	Passed <input type="checkbox"/>										
TEST AFTER REPAIRS	DOUBLE CHECK	REDUCED PRESSURE	PRESSURE VACUUM BREAKER								
Passed <input type="checkbox"/>  Failed <input type="checkbox"/> ____/____/____	Check # 1 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid  Check # 2 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid	Relief Valve Opened at _____ psid (min. 2)  Check # 1 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid  Check # 2 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Air Inlet</th> <th style="width:50%;">Check</th> </tr> <tr> <td>Opened at _____ psid                   (min. 1)</td> <td>Held at _____ psid                   (min. 1)</td> </tr> <tr> <td>Did not open <input type="checkbox"/></td> <td>Failed <input type="checkbox"/></td> </tr> <tr> <td>Passed <input type="checkbox"/></td> <td>Passed <input type="checkbox"/></td> </tr> </table>	Air Inlet	Check	Opened at _____ psid (min. 1)	Held at _____ psid (min. 1)	Did not open <input type="checkbox"/>	Failed <input type="checkbox"/>	Passed <input type="checkbox"/>	Passed <input type="checkbox"/>
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Passed <input type="checkbox"/>	Passed <input type="checkbox"/>										
The Backflow Assembly above has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters.											

Test gauge used: Make/Model \_\_\_\_\_ SN: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

Certified Tester #: \_\_\_\_\_ Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Print Tester's Name: \_\_\_\_\_ Tester's Signature: \_\_\_\_\_ Repairs & Materials

Used: \_\_\_\_\_ Service Restored: