CITY OF TOMBALL
Department of Public Works

BACKFLOW PREVENTION ASSEMBLY
TEST AND MAINTENANCE

ILLEGIBLE OR INCOMPLETE TEST REPORTS WILL NOT BE ACCEPTED

NAME OF PROPERTY: _____
PROPERTY ADDRESS: _____
CITY: _____, **STATE:** _____, **ZIP:** _____ **KEY MAP:** _____, **PHONE:** _____
MAILING ADDRESS: _____ **CONTACT BUSINESS:** _____

Send This Original Report to: ***Tomball Public Works Department, 501 James Street, Tomball, TX 77375***

THE BACKFLOW PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY **TCEQ-Chapter 290, RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, CITY'S INTERNATIONAL PLUMBING CODE**, AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS

TYPE OF ASSEMBLY

☐ REDUCED PRESSURE PRINCIPLE (RP) ☐ REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD) ☐ PRESSURE VACCUM BREAKER (PVB)
☐ DOUBLE CHECK VALVE (DCV) ☐ DOUBLE CHECK VALVE PROTECTOR (DCD) ☐ SPILL-RESISTANT PRESSURE VACCUM BREAKER (SVB)

MANUFACTURER _____ MODEL# _____ SIZE _____ SERIAL NUMBER _____
LOCATED AT: _____ DATE INSTALLED: _____

Is the assembly installed in accordance with manufacturer recommendations and/or City's International Plumbing Code?

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACCUM BREAKER & SVB	
	DOUBLE CHECK VALVE ASSEMLY		RELIEVE VALVE	AIR INLET	CHECK VALVE
	CHECK VALVE #1	CHECK VALVE #2			
INITIAL TEST	D.C. CLOSED TIGHT ☐ RP_____PSI LEAKED ☐	CLOSED TIGHT ☐ _____PSI LEAKED ☐	OPENED AT _____PSI DID NOT OPEN ☐	OPENED AT _____PSI DID NOT OPEN ☐	HELD AT _____PSI LEAKED ☐
REPAIRS** AND MATERIAL USED					
FINAL TEST	D.C. CLOSED TIGHT ☐ RP_____PSI	CLOSED TIGHT ☐ _____PSI	OPENED AT _____PSI	OPENED AT _____PSI	HELD AT _____PSI

TEST GUAGE USED: MODEL/MAKE:_____ S/N: _____ CALIBRATION DATE: ____/____/_____ {Tested annually}

REMARKS: _____

THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING
Backflow Test Status ☐ Pass ☐ Fail

CONTRACTOR's FIRM NAME: _____ CERTIFIED TESTER NAME: _____
FIRM ADDRESS: _____ CERTIFIED TESTER NO.: _____
_____ TEST DATE: _____
FIRM PHONE#: _____ C.O.T WITNESS: _____BADGE #: _____

TEST REPORTS MUST BE KEPT FOR THREE YEARS.
TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND ANNUALLY THERAFTER
MUST USE ONLY MANUFACTURERS' REPLACEMENT PARTS.