



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 ASSEMBLY		RELIEVE VALVE	AIR INLET	CHECK VALVE
	CHECK VALVE #1	CHECK VALVE #2			
INITIAL TEST	D.C. CLOSED TIGHT <input type="checkbox"/> RP _____ PSI LEAKED <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/> _____ PSI LEAKED <input type="checkbox"/>	OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>	OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>	HELD AT _____ PSI LEAKED <input type="checkbox"/>
REPAIRS** AND MATERIAL USED					
FINAL TEST	D.C. CLOSED TIGHT <input type="checkbox"/> RP _____ PSI	CLOSED TIGHT <input type="checkbox"/> _____ 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.