

Texas Commission on Environmental Quality
BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

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



City of Pflugerville - PWSID #2270014

PWS ID #:

PWS Mailing Address:

PWS Contact Person:

Address Of Service:

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

TYPE OF BACKFLOW PREVENTION ASSEMBLY (BPA):

- Reduced Pressure Principle (RPBA)
- Reduced Pressure Principle-Detector (RPBA-D)
- Double Check Valve (DCVA)
- Reduced Pressure Principle-Detector (RPBA-D) Type II
- Pressure Vacuum Breaker (PVB)
- Double Check-Detector (DCVA-D)
- Spill-Resistant Pressure Vacuum Breaker (SVB)
- Double Check-Detector (DCVA-D) Type II

Manufacturer: Main: **Bypass:**

Size: Main: **Bypass:** **BPA Location:**

Model Number: Main: **Bypass:**

Serial Number: Main: **Bypass:** **BPA Serves:**

Reason For Test

New Existing Replaced **Old Model/Serial Number:**

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? Yes No

Is the assembly installed on a non-potable water supply (auxiliary)? Yes No

Pass

Check Valve #1 **Check Valve #2**

Initial Test	Held/Opened at	Held/Opened at	Held/Opened at	Held/Opened at
Date: <input type="text" value="2024-06-11"/>	<input type="text" value="2.2"/>	<input type="text" value="2.2"/>	<input type="text"/>	<input type="text"/>
Time: <input type="text" value="06:22 pm"/>	<input checked="" type="checkbox"/> Closed Tight/Held	<input checked="" type="checkbox"/> Closed Tight/Held	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/>	<input type="checkbox"/>
	Did it fully open? <input type="checkbox"/>	Did it fully open? <input type="checkbox"/>	Did it fully open? <input type="checkbox"/>	Did it fully open? <input type="checkbox"/>
Final Test	Held/Opened at	Held/Opened at	Held/Opened at	Held/Opened at
Date: <input type="text" value="2024-06-11"/>	<input type="text" value="2.2"/>	<input type="text" value="2.2"/>	<input type="text"/>	<input type="text"/>
Time: <input type="text" value="06:22 pm"/>	<input checked="" type="checkbox"/> Closed Tight/Held	<input checked="" type="checkbox"/> Closed Tight/Held	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/>	<input type="checkbox"/>
	Did it fully open? <input type="checkbox"/>	Did it fully open? <input type="checkbox"/>	Did it fully open? <input type="checkbox"/>	Did it fully open? <input type="checkbox"/>

Repairs And Materials Used** *** 2nd check: numeric reading required for DCVA only.

Main:

Bypass:

Differential pressure gauge used: Potable: Non-Potable:

Make/Model: SN: Date Tested for accuracy:

Remarks:

Company Name: **Licensed Tester Name:**

Company Address: **Signature:**

Company Phone: **BPAT Licese Number:**

License Expiration Date:

The above is certified to be true at the time of testing.
 * TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC §290.46(B)]
 ** USE ONLY MANUFACTURER'S REPLACEMENT PARTS

Based on TCEQ-20700 (Revision 04-04-2019)