



TEST AND MAINTENANCE REPORT

PWS NAME: BROWNSVILLE PUB - BACK FLOW DEPT.
P.O. BOX 3270 BROWNSVILLE, TX 78523-3270
OFFICE# (956) 983-6347 Fax # (956) 574-6114

PWS ID#: 0310001

Blue Ink Only

FACILITY NAME: _____
 SERVICE ADDRESS: _____
 MAILING ADDRESS: _____
 CITY/ST/ZIP: _____
 PHONE #: _____
 FACILITY CONTACT: _____
 AUTHORIZATION TO TURN WATER OFF: Yes No

DEVICE TYPE: DC RP PVB SVB
 MANUFACTURER: _____
 MODEL#: _____
 SERIAL#: _____
 SIZE: _____
 INSTALL DATE: _____
 BPA SERVES: DOMESTIC/ IRRIGATION/POOL/ OTHER

Reasons for test: New Existing Replacement Old Model/Serial # _____
 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

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:

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.

INITIAL TEST	DOUBLE CHECK VALVE ASSEMBLY	REDUCED PRESSURE PRINCIPLE ASSEMBLY	PRESSURE VACUUM BREAKER SPILL RESISTANT VACCUM BREAKER	
Passed <input type="checkbox"/> Failed <input type="checkbox"/> (See Below) _____/_____/_____ DATE TIME: _____	CHECK #1 Held at _____psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> CHECK #2 Held at _____psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Relief Valve Opened at _____psid Did Not Open <input type="checkbox"/> #2 Check Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #1 Check Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #1 Check Held at _____psid	AIR INLET Opened at: _____psid (min. 1) Did not open: <input type="checkbox"/> Did it fully open Yes <input type="checkbox"/> No <input type="checkbox"/>	CHECK VALVE Held at: _____psid (min. 1) Leaked: <input type="checkbox"/>

BPA Location Information and Comments:

TEST AFTER REPAIRS	DOUBLE CHECK VALVE ASSEMBLY	REDUCED PRESSURE PRINCIPLE ASSEMBLY	PRESSURE VACUUM BREAKER SPILL RESISTANT VACCUM BREAKER	
Passed <input type="checkbox"/> Failed <input type="checkbox"/> _____/_____/_____ DATE TIME: _____	CHECK #1 Held at _____psid Closed Tight <input type="checkbox"/> CHECK #2 Held at _____psid Closed Tight <input type="checkbox"/>	Relief Valve opened at _____psid #2 Check Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #1 Check Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> #1 Check Held at _____psid	AIR INLET Opened at: _____psid (min. 1)	CHECK VALVE Held at: _____psid (min. 1)

Repairs and Materials Used**

Differential Pressure Gauge Used: Potable: Non-Potable:

Make/Model:	SN:	Date tested for accuracy:
Remarks:		
Firm Name:	Licensed Tester Name (Signature):	
Firm Address:	Licensed Tester Name (Print/Type):	
Firm Phone #:	BPAT Lic. No.:	Lic. Exp. Date:

The above is certified to be true at the time of testing.
 * TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS
 ** USE ONLY MANUFACTURER'S REPLACEMENT PARTS