



**PWS NAME:**  
**BROWNSVILLE PUB**  
**P.O. BOX 3270 BROWNSVILLE, TX 78523-3270**  
**Phone #: (956) 983-6347 Fax #: (956) 574-6128**



**PWS ID#:0310001**

**FIRELINE**

Service Address: \_\_\_\_\_  
 Location of Assembly: \_\_\_\_\_  
 BPA Serves: \_\_\_\_\_

DCDA Main Make/Model of Assembly \_\_\_\_\_ Serial # \_\_\_\_\_ Size: \_\_\_\_\_  
 BYPASS Make/Model of Assembly \_\_\_\_\_ Serial # \_\_\_\_\_ Size: \_\_\_\_\_  
 RPDA Main Make/Model of Assembly \_\_\_\_\_ Serial # \_\_\_\_\_ Size: \_\_\_\_\_  
 RPDA Bypass Make/Model of Assembly \_\_\_\_\_ Serial # \_\_\_\_\_ Size: \_\_\_\_\_  
 DC Make/ Model of Assembly \_\_\_\_\_ Serial # \_\_\_\_\_ Size: \_\_\_\_\_

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 (IES) 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.**

<input type="checkbox"/> Double Check Valve Assembly <input type="checkbox"/> Reduced Pressure Principle Assembly <b>(Main Line)</b> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Date: _____ Time: _____		<input type="checkbox"/> Double Check – Detector <input type="checkbox"/> Reduced Pressure Principle Detector <b>(By Pass)</b> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Date: _____ Time: _____		Reduced Pressure Principle Detector Assembly		By Pass Meter #	
	<b>Check Valve 1</b>	<b>Check Valve 2</b>	<b>Check Valve 1</b>	<b>Check Valve 2</b>	<b>Relief Valve (Main)</b>	<b>Relief Valve (By Pass)</b>	Meter Reading (Prior to D/C Test)
Initial Test	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/>	
Repairs and Materials Used**							Meter Reading (After to D/C Test)
Test After Repair	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Opened at _____ psid	

Differential Pressure Gauge Used: \_\_\_\_\_ Potable: ☐ Non-Potable: ☐

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

**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  
**BPUB Approved 12072017**