



DATE OF ISSUANCE: _____

CONTRACTOR #: _____

TCEQ BACKFLOW TESTER REGISTRATION

PLEASE PRINT

NO REGISTRATION FEE

BUSINESS NAME: _____

NAME OF OWNER: _____

PHYSICAL ADDRESS: _____

CITY/STATE/ZIP: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

DRIVERS LICENSE: # _____ {Provide a copy of license}

OFFICE PHONE: # _____

MOBILE PHONE: # _____

FAX NUMBER: # _____

E-MAIL ADDRESS: _____

******PLEASE ATTACH COPIES OF THE FOLLOWING INFORMATION******

TCEQ Backflow Prevention Assembly Testers License: # _____ **EXPIRATION:** _____

Copy of most recent TEST GAUGE CALIBRATIONS: _____ **EXPIRATION:** _____

NOTE: Gauges must be tested annually. Registration cannot be renewed, and test reports cannot be accepted if testing device calibration has expired.

PRINT NAME: _____ **SIGNATURE:** _____

******COMPLETE THE FOLLOWING IF LICENSE HOLDER IS NOT THE OWNER******

NAME OF LICENSE HOLDER {TESTER}: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ **PHONE: #** _____

DRIVERS LICENSE: # _____ {Provide a copy of license}

PRINT NAME: _____ **SIGNATURE:** _____

REGISTRATION EXPIRES ON DECEMBER 31, OF EACH YEAR

MAIL REGISTRATION TO:

CITY OF GRAPEVINE * P.O. BOX 95104, GRAPEVINE, TX 76099 * Attn: BUILDING INSPECTIONS

PHONE: (817) 410-3165 FAX: (817) 410-3012

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:

NAME OF PWS:	
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):

<input type="checkbox"/>	Reduced Pressure Principle (RPBA)	<input type="checkbox"/>	Reduced Pressure Principle-Detector (RPBA-D)	Type II	<input type="checkbox"/>
<input type="checkbox"/>	Double Check Valve (DCVA)	<input type="checkbox"/>	Double Check-Detector (DCVA-D)	Type II	<input type="checkbox"/>
<input type="checkbox"/>	Pressure Vacuum Breaker (PVB)	<input type="checkbox"/>	Spill-Resistant Pressure Vacuum Breaker (SVB)		

Manufacturer:	Main:	Bypass:	Size:	Main:	Bypass:
Model Number:	Main:	Bypass:	BPA Location:		
Serial Number:	Main:	Bypass:	BPA Serves:		

Reason for test:	New <input type="checkbox"/>	Existing <input type="checkbox"/>	Replacement <input type="checkbox"/>	Old Model/Serial #	
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Is the assembly installed on a non-potable water supply (auxiliary)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

TEST RESULT	Reduced Pressure Principle Assembly (RPBA)			Type II Assembly	PVB & SVB	
	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
	1 st Check	2 nd Check***				
PASS <input type="checkbox"/>						
FAIL <input type="checkbox"/>						
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"/>	Opened at _____ psid Did not open <input type="checkbox"/> open <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/> Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/>)	Held at _____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used**	Main: _____ Bypass: _____					
Test After Repair	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Held at _____ psid

*** 2nd check: numeric reading required for DCVA only

Differential pressure gauge used:	Potable: <input type="checkbox"/>	Non-Potable: <input type="checkbox"/>
Make/Model:	SN:	Date tested for accuracy :

Remarks:	

Company Name:	Licensed Tester Name (Print/Type):
Company Address:	Licensed Tester Name (Signature):
Company Phone #:	BPAT License #
	License Expiration Date:

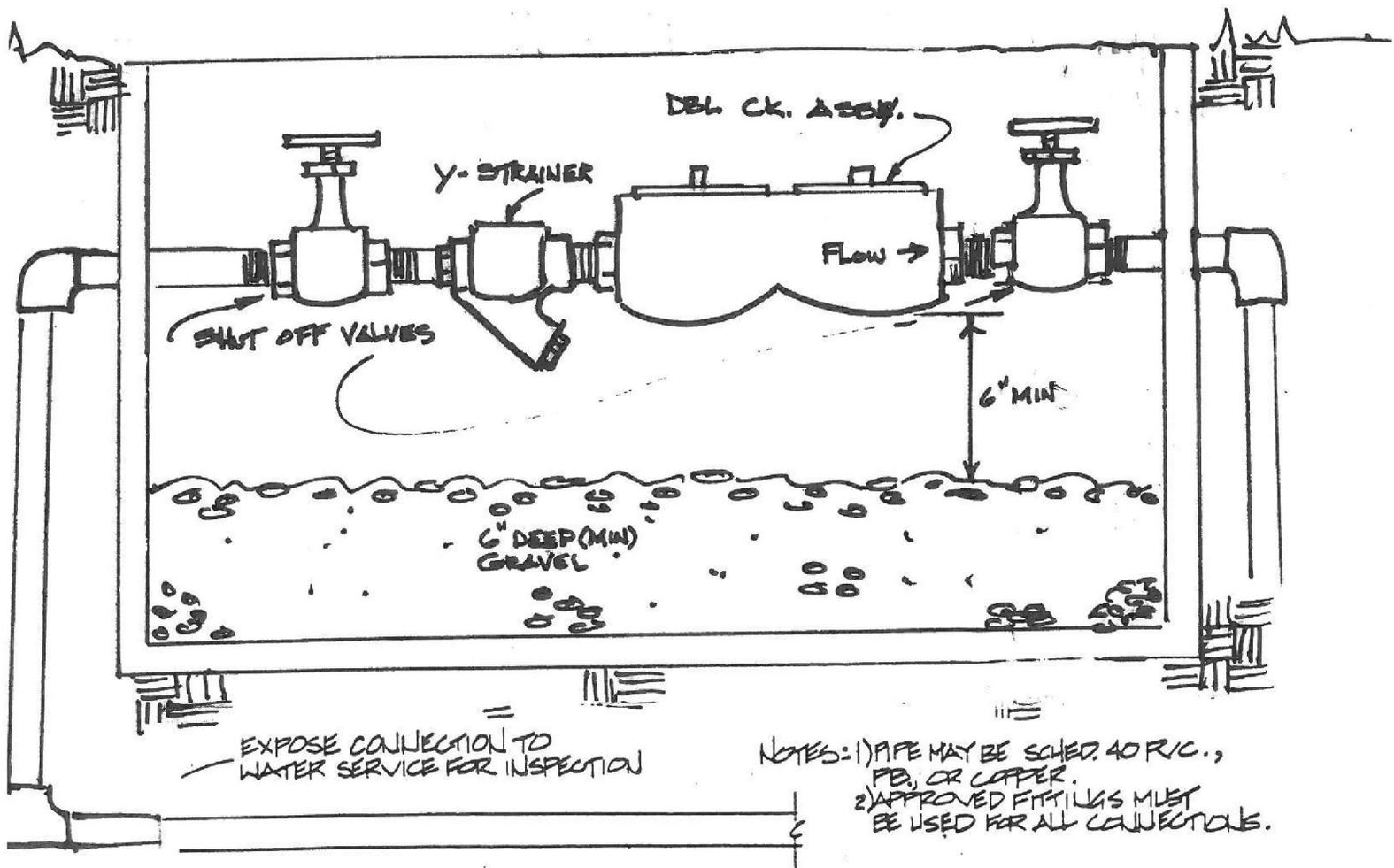
The above is certified to be true at the time of testing.

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC §290.46(B)]

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS



DOUBLE CHECK VALVE INSTALLATION IRRIGATION



NO SCALE

