



CITY OF GARDEN RIDGE 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:	CITY OF GARDEN RIDGE		
PWS ID#:	0460027		
PWS MAILING ADDRESS:	9400 MUNICIPAL PARKWAY, GARDEN RIDGE TX 78266		
PWS CONTACT PERSON:	WATER MANAGER		
ADDRESS OF SERVICE:		RESIDENT NAME:	

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

Manufacturer:		Size:	
Model Number:		BPA Location:	
Serial Number:		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)			PVB & SVB	
	DCVA		Relief Valve	Air Inlet	Check Valve
	1 ST CHECK	2 ND CHECK***			
PASS <input type="checkbox"/>					
FAIL <input type="checkbox"/>					
Initial Test	Held at ____ psi	Held at ____ psi	Opened at ____ psid	Opened at ____ psid	Held at ____ psid
Date:	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Time:	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>		Did it fully open? (Yes <input type="checkbox"/> /No <input type="checkbox"/>)	
Repairs and Materials Used**					
Test After Repair	Held at ____ psid	Held at ____ psid	Opened at ____ psid	Opened at ____ psid	Held at ____ psid
Date:	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>			
Time:					

*** 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