

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:

NAME OF PWS:	City of Pearland
PWS ID#:	0200008
PWS MAILING ADDRESS:	3501 E. Orange Pearland Texas, 77581
PWS CONTACT PERSON:	Nathaniel Smith 281-924-8278
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.

<b>TYPE OF BACKFLOW PREVENTION ASSEMBLY (BPA):</b>				Hazard ID:	
<input type="checkbox"/> Reduced Pressure Principle (RPBA)	<input type="checkbox"/> Reduced Pressure Principle-Detector (RPBA-D)	Test Due:			
<input type="checkbox"/> Double Check Valve (DCVA)	<input type="checkbox"/> Double Check-Detector (DCVA-D)	Business Type:			
<input type="checkbox"/> Pressure Vacuum Breaker (PVB)	<input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker (SVB)	Meter #:			
Manufacturer:		Size:			
Model Number:		BPA Serves:			
Serial Number:		BPA Location:			

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		

	Reduced Pressure Principle Assembly (RPBA)		PVB & SVB		
	DCVA		Relief Valve	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check***			
<b>Initial Test</b> Date: Time:	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"/> Did it fully open Yes <input type="checkbox"/> / No <input type="checkbox"/>	Held at _____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used**					
<b>Test After Repair</b> Date: Time:	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Opened at _____ psid	Held at _____ psid

\*\*\* 2<sup>nd</sup> 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 RESULT] PASS  FAIL

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

\*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS

Enter completed test results at: <https://pearland.tokaytest.com/>

