



BACKFLOW ASSEMBLY TEST REPORT

Return Legible and Satisfactory Reports to:
CITY OF LIVE OAK, TEXAS
 8001 SHIN OAK, LIVE OAK, TX 78233
 210-653-9140, EXT. 2234 210-599-3753 FAX

<input type="checkbox"/>	NEW INSTALL
<input type="checkbox"/>	EXISTING INSTALL
<input type="checkbox"/>	REPLACEMENT OLD ASSY. SERIAL NUMBER

ASSEMBLY MANUFACTURER	MODEL	SERIAL NUMBER	SIZE	REQUIRED FOR ALL NEW, REPLACEMENTS & REMOVALS <input type="checkbox"/> INSPECTED BY WATER PURVEYOR <input type="checkbox"/> BUILDING OFFICIAL
OWNER/CONTROLLER NAME				ADMINISTRATIVE AUTHORITY City of Live Oak, Texas
OWNER/CONTROLLER MAILING ADDRESS				FILE NUMBER
CONTACT NAME		CONTACT PHONE		METER NUMBER

FACILITY NAME	
SERVICE ADDRESS	
LOCATION OF ASSEMBLY	
DOWNSTREAM PROCESS	AREA SERVED <input type="checkbox"/> Domestic Water Service <input type="checkbox"/> Irrigation Service <input type="checkbox"/> Fire Service <input type="checkbox"/> Other

INITIAL TEST RESULTS		TEST AFTER REPAIRS OR CLEANING	
RPBA	LINE PRESSURE AT TIME OF TEST _____ PSIG	PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID	PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID
	RELIEF VALVE OPENED AT _____ PSID	RELIEF VALVE OPENED _____ PSID	RELIEF VALVE OPENED _____ PSID
	NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED
	NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED	NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKED
	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO
DCVA	LINE PRESSURE AT TIME OF TEST _____ PSIG	NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT _____ PSID	NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT _____ PSID
	NO. 1 CHECK: <input type="checkbox"/> LEAKED	NO. 1 CHECK: <input type="checkbox"/> LEAKED	NO. 1 CHECK: <input type="checkbox"/> LEAKED
	NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT _____ PSID	NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT _____ PSID	NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT _____ PSID
	NO. 2 CHECK: <input type="checkbox"/> LEAKED	NO. 2 CHECK: <input type="checkbox"/> LEAKED	NO. 2 CHECK: <input type="checkbox"/> LEAKED
	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO
PVB	LINE PRESSURE AT TIME OF TEST _____ PSIG	AIR INLET: OPENED AT _____ PSID	AIR INLET: OPENED AT _____ PSID
	AIR INLET: OPENED AT _____ PSID	AIR INLET: OPENED AT _____ PSID	AIR INLET: OPENED AT _____ PSID
	AIR INLET: <input type="checkbox"/> FAILED TO OPEN	AIR INLET: <input type="checkbox"/> FAILED TO OPEN	AIR INLET: <input type="checkbox"/> FAILED TO OPEN
	CHECK VALVE: HELD TIGHT AT _____ PSID	CHECK VALVE: HELD TIGHT AT _____ PSID	CHECK VALVE: HELD TIGHT AT _____ PSID
	CHECK VALVE: <input type="checkbox"/> LEAKED	CHECK VALVE: <input type="checkbox"/> LEAKED	CHECK VALVE: <input type="checkbox"/> LEAKED
	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO

AG	APPROVED AIR GAP SEPARATION PROVIDED? <input type="checkbox"/> YES <small>(Physical Separation = 2 X Diameter of Supply Pipe to Overflow Rim)</small> <input type="checkbox"/> NO	PLEASE RECORD REPAIR OR CLEANING INFORMATION IN REMARKS SECTION BELOW
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PROPER INSTALLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	WATER SERVICE RESTORED? <input type="checkbox"/> YES <input type="checkbox"/> NO	RECORD DETECTOR METER READING - WHEN APPLICABLE
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REMARKS:

INITIAL TEST BY (PRINTED NAME):	CERT NO.	DATE
REPAIRED BY (PRINTED NAME):		DATE
FINAL TEST BY (PRINTED NAME):	CERT NO.	DATE
TEST KIT MAKE	MODEL	SN#
TESTER'S SIGNATURE:		CAL. DATE

(I CERTIFY THAT I USED TCEQ APPROVED TEST METHODS AND DIFFERENTIAL PRESSURE TEST EQUIPMENT) TESTER'S COMPANY NAME TESTER'S PHONE

FAILED, INCOMPLETE AND ILLEGIBLE TEST REPORTS WILL NOT BE ACCEPTED – PLEASE CHECK YOUR TESTERS REPORTS