

## **BACKFLOW ASSEMBLY TEST REPORT**

Return Legible and Satisfactory Reports to: CITY OF LIVE OAK, TEXAS 8001 SHIN OAK, LIVE OAK, TX 78233 NEW INSTALL

EXISTING INSTALL

REPLACEMENT
OLD ASSY. SERIAL NUMBER

ASSEMBLY MANUFACTURER		MODEL SERIAL NUMBER		BER	SIZE	REQUIRED FOR ALL NEW, REPLACEMENTS & REMOVALS		
						INSPECTED BY WATER PURVEYOR		
OWNER/CONTROLLER NAME ADMINISTRATIVE AUTHORITY								
OWNER/CONTRO	LLER MAILING ADDR	ESS			FILE NUMBER	of Live Oak, T	ukas	
		*						
CONTACT NAME CONTACT PH					NE	METER NUMBER		
FACILITY NAME								
SERVICE ADDRESS								
LOCATION OF ASSEMBLY								
DOWNSTREAM PROCESS AREA SERVED								
					Domestic Wate		rrigation Service <u>)ther</u>	
INITIAL TEST RESULTS					TEST	AFTER REPAIR	S OR CLEA	NING
	LINE PRESSURE AT TIME OF TESTPSIG							
<u>RPBA</u>	PRESSURE DROP ACROSS #1 CHECK VALVEPSID				PRESSURE DROP ACROSS #1 CHECK VALVE PSID			
	RELIEF VALVE OPENED AT PSID				RELIEF VALVE OPENEDPSID			
	NO. 1 CHECK:			AKED	NO. 1 CHECH	_		LEAKED
	NO. 2 CHECK:	CLOSE		AKED OF TEST:	NO. 2 CHECH PASSED TES	_	ED TIGHT	LEAKED
	PASSED TEST APPROVED AG	_	$\square$ NO $\square$ NO $\square$ NO $\square$	51 11.51.	i Assed ten			
DCVA		E AT TIME OF TES		PSIG				
	NO. 1 CHECK:			PSID	NO. 1 CHECH	K: 🛛 CLOSE	ED TIGHT	PSID
		LEAKE	D			LEAKI	ED	
	NO. 2 CHECK:	CLOSE	D TIGHT	PSID	NO. 2 CHECH	K: CLOSE	ED TIGHT	PSID
		LEAKED		OF TEST:	D. CONTRACT			
	PASSED TEST			POLO	PASSED TE	ST 🖸 YES		
<u>PVB</u>	LINE PRESSURE AT TIME OF TEST			PSIG PSID	AIR INLET:	OPENED AT	Г	PSID
	AIR INLET: OPENED AT			1.910	AIN INLET:		I D TO OPEN	rən
	CHECK VALVE	_		PSID	CHECK VAL			PSID
				OF TEST:				
	PASSED TEST	□ YES	□ NO		PASSED TES			
<u>AG</u>		GAP SEPARATION X Diameter of Supply Pipe		YES NO		SE RECORD REPA ATION IN REMAI		
PROPER INSTALLATION?								
REMARKS:								
Company Name: Company Address:					BPAT License Number:		BPAT License	Expiration Date:
							Contact Phor	Contact Phone Number:
Test Kit Make:					Test Kit Model: Test Kit Serial Numbe		al Number	
i est tel mare.					Test Kit Model: Test Kit Serial Number:			
Tester's First Name: Tester's Last Name:					Test Kit Calibration Date: Test Kit Expiration Date:			
Tester's Signature: I CERTIFY THAT I USED TCEQ								
Ũ				TEST METHODS AND DIFFERENTIAL				
				PRESSURE TEST EQUIPMENT				
FAILED, INCOMPLETE AND ILLEGIBLE TEST REPORTS WILL NOT BE ACCEPTED-PLEASE CHECK YOUR TESTERS REPORTS								