

CITY OF SPRINGTOWN
P O BOX 444, 102 E 2ND ST
SPRINGTOWN TX 76082
817-220-4834



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

NEW

EXISTING

REPLACEMENT

PROPERTY OWNER:			
MAILING ADDRESS:			
CITY/STATE/ZIP:		PHONE:	
ASSEMBLY ADDRESS:			
PVB	DC	RP	AIR GAP SVB DCDA RPDA OTHER
SIZE:	MAKE:	MODEL:	SERIAL #:
INITIAL TEST	DOUBLE CHECK	REDUCED PRESSURE	PRESSURE VACUUM BREAKER
PASSED ____	CHECK #1	Relief Valve opened at	Air Inlet
FAILED ____	PASSED ____	____ psi (min 2)	Opened at:
____/____/____	FAILED ____	CHECK #1	____ psi
DATE	CONFIRM ____	PASSED FAILED	(min. 1)
	CHECK #2	CHECK #2	Did not open
	PASSED ____	PASSED FAILED	Failed
	FAILED ____	CHECK #1	Passed
	CONFIRM ____	Press.drop ____ psi	Passed
System psi		Repairs and/or parts	
Dectector meter reading			
Comments			
TEST AFTER REPAIRS	DOUBLE CHECK	REDUCED PRESSURE	PRESSURE VACUUM BREAKER
PASSED ____	CHECK #1	Relief Valve opened at	Opened at:
FAILED ____	PASSED ____	____ psi (min 2)	____ psi
____/____/____	FAILED ____	CHECK #1	(min. 1)
DATE	CONFIRM ____	PASSED FAILED	Did not open
	CHECK #2	CHECK #2	Failed
	PASSED ____	PASSED FAILED	
	FAILED ____	CHECK #1	
	CONFIRM ____	Press.drop ____ psi	
Tester Signature:		Cert. #:	
Tester Name (printed):		Gauge #:	
Test Acknowledged by:		Service Restored: yes no	