



# CITY OF WACO

## BACKFLOW PREVENTION INSPECTION & TEST RECORD

WATER UTILITIES  
Backflow Prevention  
PO BOX 2649  
WACO, TX 76701  
(254) 750-6644 Phone  
(254) 299-2495 Fax  
Backflowtestreport@wacotx.gov

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 WACO
PWS ID#:	#1550008
PWS MAILING ADDRESS:	PO BOX 2570 WACO, TX 76702-2570
PWS CONTACT PERSON:	BACKFLOW PREVENTION TEAM
LOCATION OF SERVICE:	
SERVICE METER#	

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 ASSEMBLY:**
- |   |  |
|---|--|
| <input type="checkbox"/> Reduced Pressure Principle | <input type="checkbox"/> Reduced Pressure Principle-Detector     |
| <input type="checkbox"/> Double Check Valve         | <input type="checkbox"/> Double Check-Detector                   |
| <input type="checkbox"/> Pressure Vacuum Breaker    | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker |

- BPA Serves:**  DOMESTIC  FIRELINE  IRRIGATION  NEW DEVICE  
 EXISTING DEVICE  REPLACEMENT OF \_\_\_\_\_

Is the assembly installed in accordance with manufacturer recommendations and/or local codes?  Yes  No  
 Is the assembly installed on a non-potable water supply (auxiliary)?  Yes  No

Manufacturer:	Size:
Model Number:	Located At:
Serial Number:	

TEST RESULT	Reduced Pressure Principle Assembly			PVB & SVB	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check			
PASS <input type="checkbox"/>  FAIL <input type="checkbox"/>					
<b>Initial Test:</b> <b>Date:</b> <b>Time:</b>	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> <b>Date:</b> <b>Time:</b>	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:		

**The above is certified to be true at the time of testing.**

Firm Name:	Certified Tester Name (Print/Type):	
Firm Address:	Certified Tester Name (Signature):	
Firm Phone #	BPAT License#	License Expiration Date:

\* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS  
 \*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS