



FORWARD THIS REPORT UPON COMPLETION TO:

**City of Bryan, Texas
Backflow Prevention Program
Attention: Gary Kasner
P.O. Box 1000
Bryan, TX 77805
(979) 209-5900
PWS ID: 0210001**

**ILLEGIBLE OR
UNCOMPLETED
REPORTS WILL NOT BE
ACCEPTED
[Please Print]**

ASSEMBLY MAINTENANCE & TEST REPORT

| | | | |
|------------------------------------|--------------------------------------|----------------|--|
| ASSEMBLY LOCATION | Residential <input type="checkbox"/> | Facility Name: | |
| | Commercial <input type="checkbox"/> | | |
| | Service Physical Address: | | |
| Short Description Device Location: | | | |

| | | | |
|------------------------|---|--------------|--|
| PURPOSE OF TEST | <input type="checkbox"/> New Construction | Serial No. : | HERE NOTE: IF ASSEMBLY REPLACED, RECORD OLD ASSEMBLY SERIAL NO. |
| | <input type="checkbox"/> Existing Assembly | Serial No. : | |
| | <input type="checkbox"/> New [Replacement Assembly] | Serial No. : | |

| | | | | |
|-------------------------|-------------------------------------|----------------------|---|---|
| ASSEMBLY PURPOSE | <input type="checkbox"/> Fire Line | ASSEMBLY TYPE | <input type="checkbox"/> Reduced Pressure Principal | <input type="checkbox"/> Spill-Resistance Pressure Vacuum Breaker |
| | <input type="checkbox"/> Domestic | | <input type="checkbox"/> Double Check Valve | <input type="checkbox"/> Double Check Detector [Flow Meter] |
| | <input type="checkbox"/> Irrigation | | <input type="checkbox"/> Pressure Vacuum Breaker | <input type="checkbox"/> Reduced Pressure Principal Detector [Flow Meter] |

| | | | |
|-------------------------|------------------------|--|----------------------|
| MAKE & MODEL | Assembly Manufacture: | | ASSEMBLY SIZE |
| | Assembly Model Number: | | |

| | | | | | | |
|---------------------|--|---|---|--|--|--|
| TEST RESULTS | Reduced Pressure Principal Assembly | | | Pressure Vacuum Breaker | | |
| | Double Check Valve* | | | Relief Valve*** | Air Inlet | Check Valve |
| | Check Valve #1 | Check Valve #2 | | | | |
| | Initial Test | Closed Tight <input type="checkbox"/> Held _____ PSID Leaked <input type="checkbox"/> | Closed Tight <input type="checkbox"/> Held _____ PSID Leaked <input type="checkbox"/> | Opened _____ PSID Did Not Open <input type="checkbox"/> | Opened _____ PSID Did Not Open <input type="checkbox"/> | Opened _____ PSID Did Not Open <input type="checkbox"/> |
| | Repairs/ Materials Used** | | | | | |
| Final Test | Closed Tight <input type="checkbox"/> Held _____ PSID | Closed Tight <input type="checkbox"/> Held _____ PSID | Opened _____ PSID | Opened _____ PSID | Held _____ PSID | |

*Initial test data for Check Valve #2 and Final Test data for Check Valve #1 should be left blank for Reduced Pressure Principal Assemblies.
 ** Original manufacture's replacement parts required.
 *** USC 10th Addition: No. 1 check valve differential pressure reading shall be at least 3.0 psid > than the differential pressure relief valve opening point.

| | | | | |
|-------------------|--------------------------------|--|-------------------|--|
| GAUGE DATA | Manufacture/Model: | | Serial Number: | |
| | Calibration Certification No.: | | Calibration Date: | |

| | | | | |
|----------------------|--|-----------------------|------------------|--|
| CERTIFICATION | I CERTIFY THAT ALL INFORMATION IS TRUE AND CORRECT AT TIME OF TESTING | | | |
| | Company Name: (Attach Business Card to Report) | | BPAT License No. | |
| | TESTER's SIGNATURE | TESTER's PRINTED NAME | TEST DATE | |