

# BACKFLOW ASSEMBLY TEST REPORT

Return Legible and Satisfactory Reports to:  
**TOWN OF BARTONVILLE, TEXAS**  
 1941 E. JETER RD. BARTONVILLE, TX 76226  
 817-693-5280 817-491-6367 FAX

- ☐ NEW INSTALL  
☐ EXISTING INSTALL  
☐ 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 <b>Bartonville, Texas</b>	
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		
<b>INITIAL TEST RESULTS</b>				<b>TEST AFTER REPAIRS OR CLEANING</b>		
<b>RPBA</b>	LINE PRESSURE AT TIME OF TEST _____ PSIG			PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID		
	PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID			RELIEF VALVE OPENED _____ PSID		
	RELIEF VALVE OPENED AT _____ 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. 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		
APPROVED AG? <input type="checkbox"/> YES <input type="checkbox"/> NO						
<b>DCVA</b>	LINE PRESSURE AT TIME OF TEST _____ PSIG			PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID		
	NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT    _____ PSID			RELIEF VALVE OPENED _____ PSID		
	<input type="checkbox"/> LEAKED			RELIEF VALVE OPENED _____ PSID		
	NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT    _____ PSID			NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT    _____ PSID		
	<input type="checkbox"/> LEAKED			NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT    _____ PSID		
	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO			PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>PVB</b>	LINE PRESSURE AT TIME OF TEST _____ PSIG			PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID		
	AIR INLET: OPENED AT _____ PSID			RELIEF VALVE OPENED _____ PSID		
	<input type="checkbox"/> FAILED TO OPEN			RELIEF VALVE OPENED _____ PSID		
	CHECK VALVE: HELD TIGHT AT _____ PSID			NO. 1 CHECK: <input type="checkbox"/> CLOSED TIGHT    _____ PSID		
	<input type="checkbox"/> LEAKED			NO. 2 CHECK: <input type="checkbox"/> CLOSED TIGHT    _____ PSID		
	PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO			PASSED TEST <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>AG</b>	APPROVED AIR GAP SEPARATION PROVIDED? <input type="checkbox"/> YES			<b>PLEASE RECORD REPAIR OR CLEANING                      INFORMATION IN REMARKS SECTION BELOW</b>		
	(Physical Separation = 2 X Diameter of Supply Pipe to Overflow Rim) <input type="checkbox"/> NO					
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		
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#		CAL. DATE
TESTER'S SIGNATURE:						( )
(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