



## Backflow Prevention Assembly Test Report

### Processing Fee \$35.00

A test report must be completed each time an assembly/device is tested. The signed and dated **original** report along with the \$35.00 processing fee is required to be submitted to the Utility Billing Office at City Hall, 104 W. Avenue E. Completed forms and fees may be paid in person, mailed, or placed in the Utility Payment Box at City Hall.

For questions, please contact Backflow Prevention Coordinator at 972-775-7180

Property Owner \_\_\_\_\_

Property Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Mailing Address, if different \_\_\_\_\_

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ and the City of Midlothian and is certified to be operating within acceptable parameters.

- Health                                      Description of Hazard:     irrigation                                       CO<sub>2</sub>/soda fountain                                       point of service  
 Non-Health                                       fire sprinkler                                      other (please specify) \_\_\_\_\_

Serial No.: \_\_\_\_\_ City ID Tag No.: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model No.: \_\_\_\_\_

- Reduced Pressure Principle                                       Atmospheric Vacuum Breaker **\*\*NOT PERMITTED ON NEW INSTALL**  
 Double Check Valve                                       Reduced Pressure Principle-Detector  
 Pressure Vacuum Breaker                                       Double Check-Detector

Size:  1/2"    3/4"    1"    1 1/4"    1 1/2"    2"    2 1/2"    3" Other \_\_\_\_\_

Location: \_\_\_\_\_

Is the assembly installed in accordance with 30 TAC §§290.44(h)(4), manufacturer recommendations, and COM Ordinance No. 2001-43?  Yes If no, explain \_\_\_\_\_

<b>Initial Test</b>	Reduced Pressure Principal			AVB	Pressure Vacuum Breaker	
Pass <input type="checkbox"/>  Fail <input type="checkbox"/>	Double Check Valve Assembly		Relief Valve	<input type="checkbox"/> fully complies with TCEQ regulations  <input type="checkbox"/> does not comply	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check			Opened at ___ psid <input type="checkbox"/> Did not open	Opened at ___ psid <input type="checkbox"/> Did not open
	Held at ___ psid <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at ___ psid <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked				
<b>Repairs and Materials</b>	<b>**IF REPLACING DEVICE, PROVIDE FAILED TEST REPORT AND OLD SERIAL #</b> <small>Use only manufacturer's replacement parts for repairs.</small>					
Test after Repair	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	

Test gauge used: Make/Model \_\_\_\_\_ Serial No. \_\_\_\_\_ Tested for Accuracy (Calibration) Date \_\_\_\_\_  
 Remarks: \_\_\_\_\_

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

Firm Name \_\_\_\_\_ Tester's Name \_\_\_\_\_

Firm Address \_\_\_\_\_

Firm Phone No. \_\_\_\_\_ E-mail Address (opt.) \_\_\_\_\_

**Tester's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **BP License No.** \_\_\_\_\_