



CITY OF LAKE JACKSON

Department of Public Works & Engineering
 Cross Connection Control
 Backflow Prevention Assembly Test and Maintenance Report*

ILLEGIBLE OR INCOMPLETE TEST REPORTS WILL NOT BE ACCEPTED

Name of Property: _____
 Property Address: _____
 City: _____ State: _____ Zip Code: _____ Phone: (____) _____
 Mailing Address: _____
 Contact Person: _____

SEND THIS ORIGINAL REPORT TO: CITY OF LAKE JACKSON, C/O WATER RECLAMATION CENTER, 25 OAK DRIVE, LAKE JACKSON, TX 77566

THE BACKFLOW PREVENTION ASSEMBLY DETAILED HEREON HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ, CHAPTER 290, RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, CITY'S UNIFORM PLUMBING CODE, AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS.

TYPE OF ASSEMBLY:

New _____ Existing _____ Replaced _____ (Old Serial Number Replaced)
 Reduced Pressure Principle (RP) Reduced Pressure Principle-Detector (RPD) Pressure Vacuum Breaker (PVB)
 Double Check Valve (DCV) Double Check Valve-Detector (DCD) Spill Resistant Pressure Vacuum Breaker (SVB)

MANUFACTURER: _____ MODEL#: _____ SIZE _____ SERIAL #: _____
 SERVING/LOCATION: _____ DATE INSTALLED: _____

IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATIONS AND/OR CITY'S UNIFORM PLUMBING CODE?

	Reduced Pressure Principle Assembly		Pressure Vacuum Breaker & SVB		
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	Check Valve #1	Check Valve #2			
Initial Test	D.C. Closed Tight <input type="checkbox"/> RP _____ PSI Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> _____ PSI Leaked <input type="checkbox"/>	Opened at _____ PSI Did not Open <input type="checkbox"/>	Opened at _____ PSI Did not Open <input type="checkbox"/>	Held at _____ PSI Leaked <input type="checkbox"/>
Repairs** Material Used					
Final Test	D.C. Closed Tight <input type="checkbox"/> RP _____ PSI	Closed Tight <input type="checkbox"/> _____ PSI	Opened at _____ PSI	Opened at _____ PSI	Held at _____ PSI

Test Gauge Used: Make/Model: _____ S/N: _____ Calibration Date: _____ (Tested Annually)
 Remarks: _____

THE ABOVE TEST IS CERTIFIED TO BE TRUE AT THE TIME OF TESTING.

BACKFLOW TEST STATUS – PASS FAIL

CT's Firm Name: _____
 Firm Address: _____
 Firm Phone #: _____

Tester Name: _____
 City Tester No.: _____
 Test Date: _____
 C.O.H. C.C.C. Witness: _____

*Test reports must be kept for at least three years.
 Testing is required upon installation, repair, or relocation and annually thereafter.
 **Use only manufacturer's replacement parts.