

City of Beaumont Backflow Prevention Assembly Test and Maintenance Report

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping purposes. Test reports must be kept for at least three years. Illegible or incomplete reports will not be accepted. Mail all original reports to:

City of Beaumont Water Utilities, Attn: Water Quality Control Manager, P.O. Box 3827, Beaumont, TX 77704

Name of PWS: City of Beaumont, Texas

PWS ID# 1230001

Print Clearly

Resident / Business Name: _____

Physical Address: _____

Mailing Address: _____

Business Contact Name / Number: _____

Installation / Test Date: _____

The backflow assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters.

Type of Assembly: RPZ DCA PVB RPZ-D DCA-D SRPVB

Manufacturer: _____ Size: _____

Model Number: _____ Assembly location on property: _____

Serial Number: _____

Reason the assembly is installed: Fireline Domestic Commercial Irrigation

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? Yes No

Initial Test	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check		Opened at _____ PSID	Held at _____ PSID
	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>			
Repairs and Materials Used	*Use manufacturer's replacement parts only.				
Test After Repairs	Held at _____ PSID	Held at _____ PSID	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>			

Test Gauge Make / Model #: _____

Test Gauge Serial Number: _____ Calibration Date: _____

Remarks: _____

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

Tester Signature: _____

Firm Name: _____

Tester Name: _____

Firm Address: _____

License Number: _____

Firm Phone #: _____

License Expiration Date: _____