❑ NEW INSTALL
❑ EXISTING INSTALL
❑ REPLACEMENT
OLD ASSY. SERIAL NUMBER

City of Buda
Backflow Prevention Assembly
Test and Maintenance Report

ASSEMBLY MANUFACTURER	MODEL	SERIAL NUMBER	SIZE

REQUIRED FOR ALL NEW, REPLACEMENTS & REMOVALS
❑ INSPECTED BY BUILDING OFFICIAL
❑ INSPECTED BY WATER PURVEYOR
ADMINISTRATIVE AUTHORITY
City of Buda Water Dept.
FILE NUMBER

OWNER/CONTROLLER NAME

OWNER/CONTROLLER MAILING ADDRESS

CONTACT NAME | CONTACT PHONE

METER NUMBER

FACILITY NAME

SERVICE ADDRESS

LOCATION OF ASSEMBLY

DOWNSTREAM PROCESS

AREA SERVED
❑ Domestic Water Service ❑ Irrigation Service
❑ Fire Service ❑ Other _____

	INITIAL TEST RESULTS	TEST AFTER REPAIRS OR CLEANING
RPBA	LINE PRESSURE AT TIME OF TEST _____ PSIG PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID RELIEF VALVE OPENED AT _____ PSID NO. 1 CHECK: ❑ CLOSED TIGHT ❑ LEAKED NO. 2 CHECK: ❑ CLOSED TIGHT ❑ LEAKED **PASSED TEST ❑ YES ❑ NO** **APPROVED AG? ❑ YES ❑ NO**	PRESSURE DROP ACROSS #1 CHECK VALVE _____ PSID RELIEF VALVE OPENED _____ PSID NO. 1 CHECK: ❑ CLOSED TIGHT ❑ LEAKED NO. 2 CHECK: ❑ CLOSED TIGHT ❑ LEAKED **PASSED TEST ❑ YES ❑ NO**
DCVA	LINE PRESSURE AT TIME OF TEST _____ PSIG NO. 1 CHECK: ❑ CLOSED TIGHT _____ PSID ❑ LEAKED NO. 2 CHECK: ❑ CLOSED TIGHT _____ PSID ❑ LEAKED **PASSED TEST ❑ YES ❑ NO**	NO. 1 CHECK: ❑ CLOSED TIGHT _____ PSID ❑ LEAKED NO. 2 CHECK: ❑ CLOSED TIGHT _____ PSID ❑ LEAKED **PASSED TEST ❑ YES ❑ NO**
PVB	LINE PRESSURE AT TIME OF TEST _____ PSIG AIR INLET: OPENED AT _____ PSID ❑ FAILED TO OPEN CHECK VALVE: HELD TIGHT AT _____ PSID ❑ LEAKED **PASSED TEST ❑ YES ❑ NO**	AIR INLET: OPENED AT _____ PSID ❑ FAILED TO OPEN CHECK VALVE: HELD TIGHT AT _____ PSID ❑ LEAKED **PASSED TEST ❑ YES ❑ NO**
AG	APPROVED AIR GAP SEPARATION PROVIDED? ❑ YES ❑ NO (Physical Separation = 2 X Diameter of Supply Pipe to Overflow Rim)	**PLEASE RECORD REPAIR OR CLEANING INFORMATION IN REMARKS SECTION BELOW**

PROPER INSTALLATION? ❑ YES ❑ NO
WATER SERVICE RESTORED? ❑ YES ❑ 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 WAC 246-290-490 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