



CITY OF FULSHEAR

DEVELOPMENT SERVICES

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Backflow Prevention Assembly Certified Test Report

Name of Property: _____
 Property Address/City/State/Zip: _____
 Key Map#: _____ Phone #: _____ Email: _____
 Mailing Address/City/State/Zip: _____
 Contact Person: _____
 Attn: *Backflow Prevention/Customer Service*

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

Type of Assembly

() Reduced Pressure Principle (RP) () Pressure Vacuum Breaker (PVB)
 () Double Check Valve (DCV) () Spill-Resistant Pressure Vacuum Breaker (SVB)
 Manufacturer: _____ Model #: _____ Size: _____ Serial Number: _____
 Located at: _____ Date Installed: _____

	Reduced Pressure Principle Assembly		Relief Valve	Pressure Vacuum Breaker & SVB	
	Double Check Valve Assembly			Air Inlet	Check Valve
	Check Valve #1	Check Valve #2			
Initial Test	D.C. Closed Tight () R.P. _____ PSID _____	D.C. Closed Tight () R.P. _____ PSID _____	Opened At () _____	Opened At () _____	Held At () _____
Passed	Leaked ()	Leaked ()	Did Not Open ()	Did Not Open ()	Leaked ()
Repairs and Materials Used					
Final Test	Closed Tight () R.P. _____ PSID _____	Closed Tight () R.P. _____ PSID _____	Opened At () _____	Opened At () _____	Held At () _____
			PSID _____	PSID _____	PSID _____

Test Gauge Used: _____ Meter #: _____

Remarks: _____

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

CT's Firm Name: _____ Certified Tester: _____

Firm Address: _____

Certified Tester #: _____ Test Date: _____ Firm Phone #: _____