



**BACKFLOW PREVENTION TEST REPORT
FOR THE CITY OF KRUM**

P. O. Box 217 ♦ Krum, Texas 76249
940-482-3491 ♦ fax 940-482-3020

- New
- Replacement
- Existing

Serial # _____

Property Owner: _____ Phone: _____

Mailing Address: _____

City- State-Zip: _____

Assembly Address: _____

PVB DC RP Air Gap
 SUB DCDA RPDA Other

Size: _____ Make: _____ Model: _____

Assembly Physical Location: _____

Reason Device is Installed: _____

Is the Assembly installed in accordance with manufacturers recommendation and/or local codes? <u>Yes</u> <u>No</u>			
INITIAL TEST	DOUBLE CHECK	REDUCED PRESSURE	PRESSURE VACUUM BREAKER
Passed <input type="checkbox"/> Failed <input type="checkbox"/> _____ Date	Check #1 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid Check #2 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid	Relief Valve Opened at _____ psid (min. 2) #2 Check Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid #1 Check Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid	Air Inlet Opened at _____ psid (min. 1) Did not open <input type="checkbox"/> Passed <input type="checkbox"/> Check Held at _____ psid (min. 1) Failed <input type="checkbox"/> Passed <input type="checkbox"/>
TEST AFTER REPAIRS	DOUBLE CHECK	REDUCED PRESSURE	PRESSURE VACUUM BREAKER
Passed <input type="checkbox"/> Failed <input type="checkbox"/> _____ Date	Check #1 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid Check #2 Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid	Relief Valve Opened at _____ psid (min. 2) #2 Check Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid #1 Check Passed <input type="checkbox"/> Failed <input type="checkbox"/> Held at _____ psid	Air Inlet Opened at _____ psid (min. 1) Did not open <input type="checkbox"/> Passed <input type="checkbox"/> Check Held at _____ psid (min. 1) Failed <input type="checkbox"/> Passed <input type="checkbox"/>

The Backflow Assembly above has been tested and maintained as required by (TCEQ) regulations and is certified to be operating within acceptable parameters.

Test gauge used: Make/Model : _____ SN: _____ Calibration Date: _____

Certified Tester #: _____ Company Name: _____

Company Address: _____ Phone: _____

Tester Signature: _____ Tester Name (Printed) _____

Repairs and Materials Used: _____

Service Restored: _____ Comments: _____