



CITY OF HOUSTON

DEPARTMENT OF PUBLIC WORKS & ENGINEERING DRINKING WATER OPERATIONS BRANCH/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: _____, KEY MAP #: _____ - _____, PHONE #: (____) _____ - _____

MAILING ADDRESS: _____ CONTACT PERSON: _____

Send This Original Report to: **CROSS CONNECTION CONTROL GROUP; 7000Ardmore, 2nd Flr., Houston, TX 77054-2302**

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 # 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 NUMBER _____

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	CLOSEDTIGHT <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: _____

TESTER NAME: _____

FIRM ADDRESS: _____

CITY TESTER NO.: _____

FIRM PHONE #: _____

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 MANUFACTURERS' REPLACEMENT PARTS.