TOWN OF FAIRVIEW BACKFLOW TEST AND MAINTENANCE REPORT

TOWN OF FAIRVIEW PERMITS AND INSPECTIONS

372 TOWN PLACE
FAIRVIEW,TEXAS
75069

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping *purposes:

NAME OF PWS:	TOWN OF FAIRVIEW
PWS ID#:	# 0430034
PWS MAILING ADDRESS:	372 TOWN PLACE FAIRVIEW TX 75069
PWS CONTACT PERSON:	DYLAN TAWWATER
ADDRESS OF SERVICE:	
SERVICE METER#	

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

TYPE OF ASSEMBLY:

- ☐ Reduced Pressure Principle [RPBA]
- ☐ Double Check Valve [DCVA]
- ☐ Pressure Vacuum Breaker [PVB]
- ☐ Reduced Pressure Principle-Detector [RPBA-D]
- ☐ Double Check-Detector [DCVA-D]
- ☐ Spill-Resistant Pressure Vacuum Breaker [PVB-D]

BPA Serves: ☐DOMESTIC ☐FIRELINE ☐IRRIGATION ☐NEW DEVICE
☐EXISTING DEVICE ☐REPLACEMENT OF _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? ☐ Yes ☐ No
Is the assembly installed on a non-potable water supply (auxiliary)? ☐ Yes ☐ No

Manufacturer:		Size:	
Model Number:		Located At:	
Serial Number:		Serves:	

TEST RESULT **PASS** ☐ **FAIL** ☐	Reduced Pressure Principle Assembly			PVB & SVB	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test: **Date:** **Time:**	Held at ____ psid Closed Tight ☐ Leaked ☐	Held at ____ psid Closed Tight ☐ Leaked ☐	Opened at ___ psid Did not open ☐	Opened at ____ psid Did not open ☐ Did it fully open (Yes ☐/ No ☐)	Held at _____ psid Leaked ☐
Repairs and Materials Used**					
Test After Repair: **Date:** **Time:**	Held at ____ psid Closed Tight ☐	Held at ____ psid Closed Tight ☐	Opened at ___ psid	Opened at ____ psid	Held at _____ psid

Differential Pressure Gauge Used:	Potable: ☐		Non-Potable: ☐		
Make/Model:		SN:		Date tested for accuracy:	
Remarks:					

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

Firm Name:		Certified Tester Name (Print/Type):		
Firm Address:		Certified Tester Name (Signature):		
Firm Phone #		BPAT License#	License Expiration Date:	

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 tac 290.46(b)]
**USE ONLY MANUFACTURE'S REPLACEMENT PARTS