



City of Pasadena, TX

BACKFLOW PREVENTION ASSEMBLY CERTIFIED TEST REPORT

Property Name: _____

Property Address: _____

City: _____ State: _____ Zip: _____ Contact Name & Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

The backflow prevention assembly detailed hereon has been tested and maintained as required by TNRCC Chapter 290, Rules and Regulations for Public Water Systems, City's uniform plumbing code and is certified to comply with the requirements

BFP TYPE: _____ MAKE/MODEL NO: _____

SERIAL NO _____ SIZE _____ TEST DATE _____

LOCATION ON BFP _____

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	DOUBLE CHECK VALVE ASSEMBLY			AIR INLET	CHECK VALVE
	1 ST Check	2 ND Check	Relief Valve	Open at _____psid	Held at _____psid
Initial test time	Held at _____psid Closed Tight <input type="checkbox"/> Leak <input type="checkbox"/>	Held at _____psid Closed Tight <input type="checkbox"/> Leak <input type="checkbox"/>	Opened _____psid Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test After Repairs	Held at _____psid	Held at _____psid	Opened at _____psid	Opened at _____psid	Held at _____psid

Test Gauge Used: _____ Make/Model: _____ S/N: _____ Calibration Date: _____

Remarks: _____

TYPE OF ASSEMBLY

NEW _____ EXISTING _____ REPLACED _____ (OLD SERIAL # REPLACED)
 REDUCED PRESSURE PRINCIPLE (RP) REDUCED PRESSURE PRINCIPLE DETECTOR (RFD) PRESSURE VACUUM BREAKER
 DOUBLE CHECK VALVE (DCV) DOUBLE CHECK VALVE DETECTOR (DCD) SPILL RESISTENT PRESSURE VACUUM BREAKER (SVB)

BACKFLOW TEST STATUS PASS FAIL

C T's Firm Name: _____ Certified Tester: _____

Firm Address: _____ License#: _____

Firms Phone #: _____ Expiration Date: _____

City: _____ State: _____ Zip: _____ Tester #: _____

Juan Fierros
 Backflow Compliance Inspector
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 Cell – 281-467-0595
 Fax – 713-477-7639
 Email: JFierros@pasadenatx.gov

I certify the above to be true and correct _____

Send this signed & dated original report to: 3105 San Augustine Ave. Pasadena, TX 77503

*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.
 ALL TEST REPORTS MUST BE SUBMITTED WITHIN 15 DAYS OF THE TEST & FAILED DEVICES MUST BE REPAIRED WITHIN 10 DAYS OF THE INITIAL TEST.