

# The Village of Tiki Island

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## BACKFLOW PREVENTION ASSEMBLY - TEST AND MAINTENANCE REPORT \*

ILLEGIBLE OR INCOMPLETE TEST REPORTS WILL NOT BE ACCEPTED

NAME OF OWNER: \_\_\_\_\_ TYPE OF PROPERTY: Residence

PROPERTY ADDRESS: \_\_\_\_\_

CITY: Tiki Island, STATE: TX, ZIP: 77554, PHONE #: (\_\_\_\_\_) \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

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 – MUST BE FILLED OUT

- 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 \_\_\_\_\_

LOCATED AT: \_\_\_\_\_ DATE INSTALLED: \_\_\_\_\_

Is the assembly installed in accordance with manufacturer recommendations and/or City's adopted 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			
<b>INITIAL TEST</b>	D.C. CLOSED TIGHT <input checked="" type="checkbox"/> X RP _____ PSI LEAKED <input type="checkbox"/>	CLOSED TIGHT <input checked="" type="checkbox"/> X _____ 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"/>
<b>REPAIRS** AND MATERIAL USED</b>					
<b>FINAL TEST</b>	D.C. CLOSED TIGHT <input type="checkbox"/> RP _____ PSI	CLOSED TIGHT <input type="checkbox"/> _____ PSI	OPENED AT _____ PSI	OPENED AT _____ PSI	HELD AT _____ PSI

TEST GAUGE USED: MAKE/MODEL: \_\_\_\_\_ S/N: \_\_\_\_\_ CALIBRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

REMARKS: \_\_\_\_\_

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

Backflow Test Status - Pass  Fail

CT's FIRM NAME: \_\_\_\_\_

CERTIFIED TESTER - Printed \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_

CERTIFIED TESTER Signature: \_\_\_\_\_  
 Tester #: \_\_\_\_\_

FIRM PHONE #: \_\_\_\_\_

TEST DATE: \_\_\_\_\_

\* TEST REPORTS MUST BE KEPT FOR AT LEAST THREE YEARS.  
 TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION AND EVERY OTHER YEAR THEREAFTER.  
 \*\* USE ONLY MANUFACTURERS' REPLACEMENT PARTS.