



# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

## Denton County Fresh Water Supply District 1a

Assembly ID	Facility Name			
Acct Number	Meter #	Test Report Due:		
Service Address			Schedule Code	
			Assembly Info	(Replacement/Correction)
Contact Name	Ph	SN	<input type="checkbox"/>	
Location ID	Protection Type	Mfr	<input type="checkbox"/>	
Hazard Type		Type	<input type="checkbox"/>	
Equip Location		Size	<input type="checkbox"/>	
			Model	<input type="checkbox"/>
			Install Date	
<input type="checkbox"/> Flood Protect <input type="checkbox"/> Back Pressure			Permit Num	
<input type="checkbox"/> UD CB 1 <input type="checkbox"/> Cont. Pressure				
<input type="checkbox"/> Freeze Protect <input type="checkbox"/> Back Siphonage				
<input type="checkbox"/> Confinement				

Line pressure at time of test: \_\_\_\_\_

### REPORT OF TEST RESULTS

Initial Test    Passed <input type="checkbox"/> Failed <input type="checkbox"/>					
	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves
<b>Initial Test</b>	<input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened at _____ PSID  <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Air Inlet Opened at _____ PSID Opened Fully   Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Check Held at _____ PSID <input type="checkbox"/> Leaked	Closed Tight <input type="checkbox"/> <input type="checkbox"/> Leaked <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	CLEANED <input type="checkbox"/> <input type="checkbox"/>
Passed Final Test <input type="checkbox"/>					
<b>Final Test</b>	<input type="checkbox"/> _____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> _____ PSID <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID CK Valve _____ PSID	Closed Tight <input type="checkbox"/> <input type="checkbox"/>

Notes:


THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

FR-01

<b>Initial:</b>	Name:	Cert:	Signature:	Date:	Test Kit SN:
<b>Repair:</b>					
<b>Final:</b>					