CITY OF CORPUS CHRISTI

SUBMIT TO: **CITY OF CORPUS CHRISTI, DEVELOPMENT SERVICES DEPT.-**
PLUMBING DIVISION (Regulatory Agency), BACKFLOW PREVENTION PROGRAM
2406 Leopard St.   PO Box 9277   CORPUS CHRISTI, TX 78469-9277   (361-826-3253)   City of Corpus Christi PWS 1-180003

Backflow Prevention Assembly Test and Maintenance Report

ONLINE PAYMENT VERIFICATION
APPL. # _____

IS THE ASSEMBLY INSTALLED IN ACCORDANCE WITH MANUFACTURER RECOMMENDATIONS AND/OR LOCAL   CODES?
YES ☐   **NO** ☐

PHYSICAL LOCATION OF DEVICE:
(Example: Next to meter in back yard.)

MAKE OF DEVICE _____
MODEL NUMBER _____
SERIAL NUMBER_____
SIZE _____
SERVES: _____

_____
_____
_____

FIRE METER READ- [_____]

☐ **New irrigation system - Permit #** _____   **Re-Cert.** ☐   **Re-Cert. (not prev. tested)** ☐   **Removed** ☐
☐ **Replace backflow preventer only- Permit #**

INITIAL TEST	Reduced Pressure Assembly ☐ RPDA ☐		Relief Value	Pressure Vacuum Breaker or SVB	
	Double Check Assembly ☐ DCDA ☐			AIR INLET	CHECK VALVE
	1st Check	2nd Check			
	☐ DC- ____psid ☐ Closed tight ☐ ☐ RP-____psid Leaked ☐ ☐	Closed tight ☐ DC-____psid Leaked ☐	Opened at ____psid Did Not Open ☐	Opened at ____psid Did Not Open ☐	Held at ____psid Leaked ☐
REPAIRS AND PARTS					
TEST AFTER REPAIR	DC- Closed tight ☐ RP-____psid	Closed tight ☐	Opened at ____psid	Opened at ____psid	Held at ____psid

The backflow prevention assembly detailed above has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters unless otherwise noted.

TEST RESULTS: (check one)   PASSED ☐   **FAILED** ☐

The information provided in this report is certified to be true at the time of testing.

OWNER OF DEVICE:

OWNER'S NAME _____

OWNER'S MAILING ADDRESS _____

CITY/STATE/ZIP _____

DEVICE ADDRESS _____

PHONE- _____

DATE-

TEST DATE _____Time_____AM_____PM_____

TESTER NAME _____

TESTER SIGNATURE_____

BPAT LIC. # _____

LICENSE EXP. DATE _____

COMPANY NAME _____

COMPANY ADDRESS _____

PHONE _____ FAX _____

TEST GAUGE MAKE_____ MODEL_____

S/N_____ TEST DATE_____