



**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 <sup>st</sup> Check	2 <sup>nd</sup> Check	Relief Valve	Open at _____psid	Held at _____psid
Initial test time	Held at _____psid	Held at _____psid	Opened _____psid	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
<input type="checkbox"/> AM <input type="checkbox"/> PM	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>		
	Leak <input type="checkbox"/>	Leak <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 (RPD)  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:** \_\_\_\_\_

Juan Fierros  
 Backflow Compliance Inspector  
 Office – 713-475-4932  
 Cell – 281-467-0595

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.