For City of Sugar Land Use Only
Cross Connection Information:
Health Hazard ☐
Non-Health Hazard ☐
Initials:

CITY OF SUGAR LAND
BACKFLOW PREVENTION ASSEMBLY
CERTIFIED TEST REPORT

NAME OF PROPERTY:_____ ADDRESS: _____

OWNER OR CONTACT NAME: _____ PHONE: _____

IF THE BACKFLOW PREVENTER PROTECTS A CROSS CONNECTION WHICH IS A HEALTH HAZARD AS DEFINED IN TEXAS ADMINISTRATIVE CODE (TAC) 290.47(i) AND THE BACKFLOW PREVENTER FAILS, THE TESTER IS REQUIRED TO NOTIFY THE CITY IMMEDIATELY AT 281-275-2450.

THE BACKFLOW PREVENTION ASSEMBLY DETAILED BELOW HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TAC CHAPTER 290 RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS AND THE CITY'S ADOPTED PLUMBING CODE, AND IS CERTIFIED TO BE OPERATING WITHIN ACCEPTABLE PARAMETERS.

TYPE OF ASSEMBLY

☐ REDUCED PRESSURE PRINCIPLE (RP) ☐ PRESSURE VACUUM BREAKER (PVB)

☐ DOUBLE CHECK VALVE (DCV) ☐ SPILL-RESISTANT PRESSURE VACUUM BREAKER (SVB)

MANUFACTURER:_____MODEL#:_____SIZE:_____SERIAL NUMBER:_____

IS THIS A NEW INSTALLATION: Yes ☐ No ☐ LOCATION: _____

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			**PRESSURE VACUUM BREAKER & SVB**	
	DOUBLE CHECK VALVE ASSEMBLY		**RELIEF VALVE**	**AIR INLET**	**CHECK VALVE**
	CHECK VALVE #1	**CHECK VALVE #2**			
INITIAL TEST **Passed** **Failed**	Held at _____PSID CLOSED TIGHT ☐ LEAKED ☐	Held at _____PSID CLOSED TIGHT ☐ LEAKED ☐	OPENED AT _____PSID DID NOT OPEN ☐	OPENED AT _____PSID DID NOT OPEN ☐	HELD AT _____PSID LEAKED ☐
REPAIRS AND MATERIALS USED**					
FINAL TEST	Held at _____PSID CLOSED TIGHT ☐ LEAKED ☐	Held at _____PSID CLOSED TIGHT ☐ LEAKED ☐	OPENED AT _____PSID	OPENED AT _____PSID	HELD AT _____PSID

TEST GAUGE USED:_____ **(TESTED Annually)**

REMARKS:_____

_____

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

CT's FIRM NAME:_____ **CERTIFIED TESTER NAME:** _____
(PLEASE PRINT)

FIRM ADDRESS:_____ **CERTIFIED TESTER SIGNATURE:**_____

_____ **TEST DATE:** _____

FIRM PHONE #:_____ ***CCC WITNESS:*** _____

TESTING IS REQUIRED UPON INSTALLATION, REPAIR, OR RELOCATION.