



CITY OF DECATUR, TEXAS

1601 S. State Street
Phone 940-393-0250
Inspections Line 940-393-0259 * Fax 940-626-4629

**Backflow Device Test Report
Backflow Permit**

Permit #: _____

Permit Fee: \$ _____

***Annual backflow device test reports are to be submitted to BSI.
All BPAT contractors must register with the City of Decatur before testing devices.
TCEQ requires that ALL commercial backflow devices be tested once annually.**

<input type="checkbox"/> Residential <input type="checkbox"/> Fire Sprinkler	<input type="checkbox"/> Commercial	<input type="checkbox"/> New Assembly	<input type="checkbox"/> Annual Backflow Test	<input type="checkbox"/> Existing Assembly Replaced Serial #: _____
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Job/Device Address _____

Property Owner / Business Name: _____ Phone # _____

Mailing Address: _____
Street Number City State Zip Code

Assembly Location: _____

Reason for Assembly: _____

******NEW INSTALLS – LEAVE TEST REPORT ON SITE******
FAILED NON-REPAIRABLE BACKFLOW DEVICE REPORTS MUST BE SUBMITTED TO THE CITY OF DECATUR AND BSI
THE BACKFLOW PREVENTION ASSEMBLY LISTED BELOW HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ REGULATIONS AND IS CERTIFIED TO BE OPERATING WITHIN ACCEPTABLE PARAMETERS.

Reduced Pressure Principle Double Check Pressure Vacuum Breaker

TEST DATE: _____

Manufacturer: _____ Serial Number: _____

Model Number: _____ Size: _____

Reduced Pressure Principle Assembly / Double Check Valve Assembly			Pressure Vacuum Breaker		
Initial Test <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	1st Check	2nd Check	Relief Valve	Air Inlet	Check Valve
	DC – Closed Tight _____ RP- _____ psid Leaked _____	Closed Tight _____ Leaked _____	Opened At: _____ psid	Opened At: _____ psid Did not open _____	_____ psid Leaked _____
Repair <u>Repairs/Materials Used:</u>					
Test After Repair Date: __/__/__	DC- Closed Tight _____ RP - _____ psid	Closed Tight _____	Open At: _____ psid	Open At: _____ psid	_____ psid

Gauge Model: _____ Gauge Serial Number: _____ Calibration Date: _____

Certified Tester: _____ Company Name: _____

Tester #: _____ Company Address: _____

Signature: _____ Company Phone: _____