



CITY OF LA MARQUE

"Gateway to the Gulf"

1130 1st St., La Marque, TX 77568

409-938-9204 Permits@CityOfLaMarque.Org

BACKFLOW PREVENTION AND ASSEMBLY TEST AND MAINTENANCE REPORT

DATE: _____ NAME OF PWS: _____ PERMIT #: _____

PROJECT ADDRESS: _____

CONTACT PERSON: _____ PHONE #: _____
RESIDENTIAL COMMERCIAL

THE BACKFLOW PREVENTION ASSEMBLY DETAILED BELOW HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ-CHAPTER 290 RULES AND REGULATIONS FOR PUBLIC WATER SYSTEMS, CITY UNIFORMED PLUMBING CODE AND IS CERTIFIED TO COMPLY WITH THE REQUIREMENTS. A SIGNED AND DATED ORIGINAL MUST BE SUBMITTED TO THE LA MARQUE PERMITTING AND INSPECTION DEPARTMENT.

TYPE OF ASSEMBLY

NEW: _____ EXISTING: _____ REPLACED: _____ (OLD SERIAL NUMBER REPLACED)

- REDUCED PRESSURE PRINCIPLE (RP)
 REDUCED PRESSURE PRINCIPLE-DETECTOR (RPD)
 PRESSURE VACUUM BREAKER (PVB)
 DOUBLE CHECK VALVE (DCV)
 DOUBLE CHECK VALVE-DETECTOR (DCD)
 SPILL-RESISTANT PRESSURE VACUUM BREAKER (SVB)

MANUFACTURER: _____ MODEL #: _____ SIZE: _____ SERIAL #: _____

SERVING / LOCATION: _____ INSTALL DATE: _____

Is the assembly installed in accordance with manufacturer recommendations and/or City's Uniform Plumbing Code? _____

	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	HELD AT _____ PSID CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>	HELD AT _____ PSID CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>	HELD AT _____ PSID LEAKED <input type="checkbox"/>
REPAIRS** MATERIALS USED					
FINAL TEST	HELD AT _____ PSID CLOSED TIGHT <input type="checkbox"/>	HELD AT _____ PSID CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ PSID	OPENED AT _____ PSID	HELD AT _____ PSID

TEST GAUGE USED: MAKE/MODEL: _____ S/N: _____ CALIBRATION DATE: _____

REMARKS: _____

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

BACKFLOW TEST STATUS PASS FAIL

CT's FIRM NAME: _____ TESTER NAME: _____

FIRM ADDRESS: _____ CITY TESTER #: _____

TEST DATE: _____

FIRM PHONE #: _____ TESTER SIGNATURE: _____

*Test records must be kept for at least three years.

Testing required upon installation, repair or relocation and annually thereafter.

**Use only manufacturer's replacement parts.

Email Submission: Permits@CityOfLaMarque.org