



PWS ID # 1260002

Public Works Department  
 Backflow Prevention Program  
 141 W. Renfro  
 Burleson, Texas 76028  
 Fax (817) 426-9377  
 backflow@burlesontx.com

# BACKFLOW PREVENTION ASSEMBLY TESTING FORM C-TEST REPORT

## Program Information

- (1) Please call (817)426-9839 with any questions or comments.
- (2) Backflow tester must have completed registration with city and be listed on city's "Active Backflow Prevention Assembly Testers" list.
- (3) Mail original report to address listed to the left. Fax or email of completed report may be sent for immediate review and approval, however original report must be received within 10 business days of completed test.

## PROPERTY INFORMATION

Residential  Commercial

Owner/Manager \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
 Email Address \_\_\_\_\_ Website \_\_\_\_\_

## ASSEMBLY INFORMATION

New  Existing  Replacement  (old serial #) \_\_\_\_\_

Assembly Address \_\_\_\_\_  
 Specific location of assembly on property \_\_\_\_\_

Type AG  PVB  DCV  DCDA  RP  RPDA  Other  (specify) \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Serial No. \_\_\_\_\_ Size \_\_\_\_\_

Protection from Carbonated beverage dispenser  Boiler  Heat exchanger  Lawn irrigation  Main line   
Hose Bibb  Fire Sprinkler  Fire Sprinkler by-pass  (water meter #) \_\_\_\_\_  
 Other protection  \_\_\_\_\_

	Reduced Pressure Principle			Pressure Vacuum Breaker	
	Double Check Valve		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test PASS / FAIL	DC - _____psid RP - _____psid Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	DC - _____psid RP - _____psid 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"/>	_____psid Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test after Repair PASS / FAIL	DC - _____psid RP - _____psid Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	DC - _____psid RP - _____psid 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"/>	_____psid Leaked <input type="checkbox"/>

## TESTER INFORMATION

Firm Name \_\_\_\_\_  
 Tester Name (printed) \_\_\_\_\_  
 Tester Signature \_\_\_\_\_

Test Gauge Serial No. \_\_\_\_\_  
 Phone No. \_\_\_\_\_  
 TCEQ Cert. # \_\_\_\_\_  
 Date of Test \_\_\_\_\_

TESTER REMARKS \_\_\_\_\_