



Arlington Water Utilities

PWS #2200001

Backflow Assembly Test Form

This form must be completed each time an assembly/device is tested. A signed and dated original must be submitted to:

Water Resource Services
 817-459-5902
Physical Address: 101 W. Abram St., Arlington
Mailing Address: P.O. Box 90231, MS# 01-0200
 Arlington, Texas 76004-3231

RETURN COMPLETED FORM NO LATER THAN 10 DAYS AFTER TEST

New Existing Repair Replaced by Ser.# _____

Property/Business Name: _____

Contact Name: _____

Business Street Address: _____

Zip Code: _____ Phone #: _____ Email: _____

Assembly Location: _____

Manufacturer & Model: _____ Serial #: _____ Size: _____

Check all that apply to this assembly:	
<input type="checkbox"/> Commercial	<input type="checkbox"/> Residential
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Fireline <input type="checkbox"/> Other
<input type="checkbox"/> Construction Meter	
Meter Number _____	

Reduced Pressure Principle Assembly MUST BE TESTED ANNUALLY

Double Check Valve Assembly

	Check Valve #1	Check Valve #2	Relief Valve	PVB
Initial Test	Held at _____ PSID <input type="checkbox"/> Leaked	Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	AIR INLET Opened at _____ PSID <input type="checkbox"/> Did Not Open
Comments/Repairs	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Assembly Tagged	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Assembly Tagged	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Assembly Tagged	Check Valve Held at _____ PSID <input type="checkbox"/> Leaked <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Assembly Tagged
Final Test	_____ PSID	_____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSI

Test Gauge Make/Model: _____

Test Gauge Serial #: _____ Test Gauge Calibration Due Date: _____

By signing this form, you confirm that the backflow prevention device described above has been tested and maintained as required by TCEQ and the City of Arlington regulations and is certified to be operating within acceptable parameters.

Tester Signature: _____ Date: _____

Tester Name (Print): _____ Tester TCEQ BPAT License #: _____

Tester Company Name: _____

Tester Company Address: _____ Phone #: _____

Property Owner Representative: _____ Date: _____