KENNEDALE

BACKFLOW PREVENTION ASSEMBLY TEST REPORT
Please Print

www.cityofkennedale.com

Property Address _____ **Kennedale TX**   Date _____

Owner Name _____   Zip Code **Kennedale 76060**

Mailing Address _____   Phone (____) _____

City/State _____   Zip Code _____

Assembly Type ☐ PVB   ☐ SVB   ☐ DCDA   ☐ DC   ☐ RP   ☐ RPDA   ☐ AIR GAP

☐ OTHER _____   Serial # _____

Size _____   Make _____   Model _____

Initial Test	Double Check	Reduced Pressure	Pressure Vacuum Breaker	
	Check #1	Relief Valve Opened @	Air Inlet	Check Press. Drop
Passed ☐	Passed ☐	_____ PSI (Min. 2 PSI)	Opened @	_____ PSI
	Failed ☐	Check #1	_____ PSI	
Failed ☐	Confirm ☐			
	Check #2	Passed ☐ Failed ☐		
	Passed ☐	Check #2	Passed ☐	Passed ☐
___ / ___ / ___	Failed ☐			
Date	Confirm ☐	Passed ☐ Failed ☐	Failed ☐	Failed ☐
	System Pressure	Check #1		
	_____ PSI			
	Detector Meter			
	Read _____	Pressure Drop _____ PSI		

Location, Repair/Parts _____

_____

Test After Repairs	Double Check	Reduced Pressure @ PSI (Min 2 PSI)	Pressure Vacuum Breaker	
	Check #1			
	Passed ☐		Air Inlet	Check Press.
Passed ☐	Failed ☐	Check #1	Opened @	Drop _____ PSI
	Confirm ☐	Passed ☐ Failed ☐	_____ PSI	
Failed ☐	Check #2	Check #2		
	Passed ☐	Passed ☐ Failed ☐		
___ / ___ / ___	Failed ☐	Check #1	Passed ☐	Passed ☐
Date	Confirm ☐	Pressure Drop _____ PSI		
			Failed ☐	Failed ☐

Tester Name: (Printed) _____   Certificate # _____

Tester Signature _____   Gauge # _____

Test Acknowledged By _____   Service Restored ☐