CITY OF LYTLE

14916 Main St:
Lytle, TX 78052

830-709-3692

Backflow Prevention Office

PWS ID # 0070004

Test Form For DCA, DCDA, RPZ, & RPDA Devices Only

A SIGNED AND DATED FORM MUST BE SUBMITTED ALONG WITH THE ANNUAL $25.00 ASSEMBLY REGISTRATION FEE.

USE BACK OF FORM IF MORE SPACE IS NEEDED FOR REPAIRS AND/OR MATERIALS USED.

FACILITY / BUSINESS _____ NAME OF FACILITY _____ ADDRESS

_____ SUITE # _____ PHONE NUMBER _____ FAX NUMBER

PROPERTY OWNER _____ NAME OF PROPERTY OWNER _____ MAILING ADDRESS

_____ SUITE# _____ PHONE NUMBER _____ FAX NUMBER

BACKFLOW ASSEMBLY _____ Description of Device Location _____ MAJOR INTERSECTION

CIRCLE ONE: NEW STRUCTURE – EXISTING STRUCTURE – REPLACEMENT / REPAIR

CIRCLE ONE: COMMERCIAL – INDUSTRIAL – RESIDENTIAL – CHISD – MUNICIPAL – - PID - HOA - POA – OTHER

CIRCLE ONE: PREMISE ISOLATION – INTERNAL ISOLATION – IRRIGATION – FIRE LINE – OTHER

CIRCLE ONE: INSIDE – OUTSIDE

The backflow prevention assembly detailed below has been tested and maintained as required by Texas Commission on Environmental Quality (TCEQ) regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY

☐ (RPZ) REDUCED PRESSURE ☐ REDUCED PRESSURE DETECTOR ☐ DOUBLE CHECK ☐ (DCDA) DOUBLE CHECK DETECTOR

Is the assembly installed in accordance with manufacturer recommendations and local codes? ☐ YES ☐ NO

Manufacturer _____ MODEL _____ SERIAL # _____ SIZE _____

	Reduced Pressure Principle Assembly			City Office Use Only
	Double Check Valve Assembly			
	1st Check	2nd Check	Relief Valve	
Initial Test	Held at _____ psid Closed Tight ☐ Leaked ☐	Held at _____ psid Closed Tight ☐ Leaked ☐	Opened at _____ psid Did not open ☐	
Repairs and Materials Used				
Test After Repairs	Held at _____ psid Closed Tight ☐	Held at _____ psid Closed Tight ☐	Opened at _____ psid	

Gauge: Make/Model _____ Serial # _____ Calibration Date _____

Tester Information ***(All information is certified to be true at the time of testing)***

Company Name: _____ Tester Name: _____

Company Address: _____ BPAT Lic. Number: _____

Company Phone: _____ BPAT Lic. Expiration Date: _____

Test Date: _____ Tester Signature: _____

$25.00 FEE PAID BY ☐ TESTER ☐ PROPERTY OWNER CASH _____ CHECK _____ DATE: _____

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