

## CITY OF OVERTON, TEXAS

1200 S. Commerce St. \* P.O. Drawer D Overton, TX 75684 \* Phone: 903-834-3171 Inspections require 24 Hour Notice

Backflow Test Report						
Permit #:						

\*Annual backflow device test reports can be mailed or brought to the office.
TCEQ requires that ALL commercial backflow devices be tested once annually.

☐ Residential ☐ Commercial ☐ Fire Sprinkler		☐ New Assembly	☐ Annual Backflow T		☐ Existing Assembly Replaced Serial #:	
Job/Device Add	ress					
Property Owner	/ Business Name:			Phone #		
Mailing Address: Street Number		City State Zip C			Zip Code	
					2.p 0000	
	embly:					
	LED NON-REPAIRABLE BAC				VERTON	
INSTALLAT	ION OF A REPLACEMENT B	ACKFLOW DEVICE REQ	UIRES A PERMIT TO BE	OBTAINED PRIOR TO	DINSTALLATION	
THE BACK	KFLOW PREVENTION ASSEM REGULATIONS AND IS		AS BEEN TESTED AND M RATING WITHIN ACCEPT		IRED BY TCEQ	
□ Reduce	d Pressure Principle	□ Double Check		□ Pressure Vacuum Breaker		
		TEST DATE:				
Manufacturer: _			Serial Number: _			
Model Number:			Size:			
Γ		December Venues December				
Initial Tool	Reduced Pressure Principle Assembly / Double Check Valve Assembly Pressure Vacuum Bre				cuum Breaker	
Initial Test	1st Check	2 <sup>nd</sup> Check	Relief Valve	Air Inlet	Check Valve	
□ PASS -	DC – Closed Tight	Closed Tight	Opened At:	Opened At: psid	psid	
☐ FAIL	RP psid	Leaked	psid	Did not open	Leaked	
	Leaked					
Repair	Repairs/Materials Used:	•	<b>.</b>			
Test After	DC- Closed Tight	Closed Tight	Open At:	Open At:		
Repair	RP psid		psid	psid	psid	
Gauge Model:	Gauge Serial Number: Calibration Date:					
Certified Tester:	Company Name:					
Tester #:	Company Address:					
Signature: _	Company Phone:					