



P.O. Box 1677 • 447 N. Main  
Boerne, Texas 78006

## **City of Boerne Cross Connection Control and Backflow Prevention Program**

The City of Boerne (City) has a Cross Connection Control and Backflow Prevention Program. This program, as required by the Texas Commission on Environmental Quality, was established to protect the public potable water distribution system from backflow of contaminants or pollutants through individual water service, fire service and irrigation connections.

As part of this program, establishments that have backflow prevention devices are required to register those devices with the City and pay a one-time registration fee of \$25.00 for each device. It is also a requirement that each device be tested by a certified tester on an annual basis and a copy of the test results forwarded to the City. Each tester must be registered with the City and pay an annual registration fee of \$50.00.

Attached are a registration form for your device, a tester registration form and an annual test and maintenance report form for your use. Please discard any earlier versions of these forms, as they will no longer be accepted. The changes to the forms were mandated by TCEQ so we can only accept these new forms at this time.

If you have any questions regarding this program or would like a copy of the City's Cross Connection Control and Backflow Prevention Ordinance, please feel free to contact us.

Thank you for helping the City of Boerne maintain a Superior Water System.

## City of Boerne Public Works Department

### BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

- The following form must be completed for each assembly tested.
- All of the information must be completed for each assembly tested – incomplete forms will not be accepted.
- A signed and dated **original** must be submitted to the public water supplier for record keeping purposes.
- Testers must keep copies of all tests for 3 years. [30 TAC §290.46(B)]
- Only manufacturer's replacement parts may be used for repairs.

NAME OF PWS: City of Boerne  
 MAILING ADDRESS: 447 N. Main St., Boerne, Texas 78006

PWS I.D. #: 1300001  
 CONTACT PERSON: Crystal Barrera

ADDRESS OF SERVICE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulation and is certified to be operating within acceptable parameters.

#### TYPE OF ASSEMBLY

- |  |  |                                  |
|--|--|----------------------------------|
| <input type="checkbox"/> Reduced Pressure Principle (RPBA) | <input type="checkbox"/> Reduced Pressure Principle-Detector (RPBA-D)  | <input type="checkbox"/> Type II |
| <input type="checkbox"/> Double Check Valve (DCVA)         | <input type="checkbox"/> Double Check-Detector (DCVA-D)                | <input type="checkbox"/> Type II |
| <input type="checkbox"/> Pressure Vacuum Breaker (PVB)     | <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker (SVB) |                                  |

|                |       |         |               |       |         |
|----------------|-------|---------|---------------|-------|---------|
| Manufacturer:  | Main: | Bypass: | Size:         | Main: | Bypass: |
| Model Number:  | Main: | Bypass: | BPA Location: |       |         |
| Serial Number: | Main: | Bypass: | BPA Serves:   |       |         |

Reason for Testing: New  Existing / Annual  Replacement  Old Model & Serial # \_\_\_\_\_

| Test Result                   | Reduced Pressure Principal Assembly (RPBA-D)  |   | Type II Assembly   | PVB & SVB   |  |  |
|-------------------------------|---|---|--|---|--|--|
|                               | DCVA  |   | Bypass Check   | Air Inlet   | Check Valve  |  |
| PASS <input type="checkbox"/> | 1st Check   | 2nd Check***  |  | Relief Valve  | Opened at ____ psid  | Held at ____ psid                                    |
| FAIL <input type="checkbox"/> |   |   |  |   |  |  |
| Initial Test Date & Time      | Held at ____ psid<br>Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Held at ____ psid<br>Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at ____ psid<br>Did not open <input type="checkbox"/> | Held at ____ psid<br>Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Did not open <input type="checkbox"/><br>Did it fully open<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Held at ____ psid<br>Leaked <input type="checkbox"/> |
| Repairs & Materials Used      | Main:<br>Bypass:  |   |  |   |  |  |
| Test After Repair Date & Time | Held at ____ psid<br>Closed Tight <input type="checkbox"/>                                    | Held at ____ psid<br>Closed Tight <input type="checkbox"/>                                    | Opened at ____ psid  | Held at ____ psid<br>Closed Tight <input type="checkbox"/>                                    | Opened at ____ psid  | Held at ____ psid                                    |

\*\*\* 2<sup>nd</sup> check: numeric reading required for DCVA only

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? Yes  No

Is the assembly installed on a non-potable water supply? Yes  No

Differential pressure gauge used: Make/Model \_\_\_\_\_ SN: \_\_\_\_\_ Potable  Non-Potable

Date tested for accuracy: \_\_\_\_\_ Remarks: \_\_\_\_\_

**TEST RESULT: PASS  FAIL**

The above is certified to be true at the time of testing.

Tester Co. Name \_\_\_\_\_ Certified Tester Name \_\_\_\_\_

Tester Co. Address \_\_\_\_\_ TCEQ BPAT Lic. No. \_\_\_\_\_

Tester Contact Phone # \_\_\_\_\_ License Expiration Date \_\_\_\_\_

Tester Signature \_\_\_\_\_

**City of Boerne**  
**Backflow Prevention Assembly Registration Form**

- A \$25.00 registration fee is required for each device.
- Only one device per form.
- All information must be complete – incomplete forms will not be accepted.
- This form must be accompanied by the “City of Boerne Backflow Prevention Assembly Test and Maintenance Report” documenting the results of the initial test on the device.
- Devices need to be registered only once but must be tested on an annual basis by a tester licensed by TCEQ and registered with the City of Boerne.

Registration Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Facility Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Assembly Type: \_\_\_\_\_ Size: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Location of Device: \_\_\_\_\_

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Office Use Only

|                          |                        |
|--------------------------|------------------------|
| COB Facility ID: _____   | COB Assembly ID: _____ |
| Registration Paid: _____ |                        |

**City of Boerne**  
**Backflow Prevention Assembly Tester Registration Form**  
A \$50.00 annual registration fee is required for each tester.

Date: \_\_\_\_\_

Tester's Name: \_\_\_\_\_

Certified Tester Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Test Gauge Used

Make/Model: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Calibration Date: \_\_\_\_\_

Required Attachments

- Proof of TCEQ Certification
- Calibration Documentation
- Registration Renewal Fee

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Office Use Only

|  |
|--|
| COB Tester Number: _____<br>Registration Paid: _____ |
|--|