



# Cross Connection Control Program

## Backflow Prevention Assembly Test and Maintenance Report

The following form must be completed for each assembly tested.  
A signed and dated original must be submitted to the public water supplier for recordkeeping purposes.

Name of PWS City of Houston: 1010013	PWS ID#	PWS Contact Person Efrain Torres	PWS Mailing Address 7101 Renwick Dr., Houston, TX 77081
Location Name Corner of Aldine Westfield and Peyton			
Address of Service 2322 Greens RD , Houston , TX, 77032			

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

Assembly Type RP	Manufacturer Zurn	Model 975XL3	Size 2 "	Serial Number AMA28934
Bypass Assembly Type		Bypass Assembly Make	Bypass Assembly Model	Bypass Size "
Bypass Serial Number				
Assembly Physical Location In front of fire hydrant.				Old Model/Serial #
Reason for test <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement			BPA Serves: Fire hydrant	

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 (auxiliary)?  Yes  No

Test Result	Check Valve #1	Check Valve #2***	Relief Valve	Bypass Valve	PVB/SVB
Pass					
<b>Initial Test</b>  Date and Time 2026-01-28  2:00 PM	<input checked="" type="checkbox"/> Held at _____ 8.4 _____ PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Held at _____ 8.4 _____ PSID <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Opened at _____ 2.1 _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Held at _____ PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened Fully <input type="checkbox"/> Leaked Air inlet opened _____ PSID Check Held at _____ PSID

<b>Repairs and Materials Used**</b>	Main:  Bypass:
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<b>Final Test</b>	_____ PSID <input type="checkbox"/> Closed Tight	_____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	_____ PSID <input type="checkbox"/> Closed Tight	Air Inlet _____ PSID CK Valve _____ PSID
Date and Time					

Test Kit Manufacturer Arbiter Sytem	Test Kit Model MK5	Test Kit Serial Number 02AC23050170	Test Kit Calibration Date 2025-10-14	Differential pressure gauge used Potable
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Remarks
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Company Name Fort Bend Backflow Solutions LLC	
Test Company Address 325 Hennessey	Company Phone # 346-933-1821
Licensed Tester Name Jason Ramirez	BPAT License # BP0022153  Tester License Expiration 2026-05-12

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

\*Test records must be kept for at least three years [30 TAC 290.46(B)]  
 \*\*Use only manufacturer's replacement parts  
 \*\*\* 2nd check: numeric reading required for DCVA only