

ASSEMBLY LOCATION / UNIT BEING PROTECTED _____

SYSTEM: () IRRIGATION () SERVICE () FIRE SYSTEM () OTHER:

SUBJECT: Test and Maintenance Report - Backflow Prevention Device

Please be advised that we have made the following periodic test as required by Texas Commission on Environmental Quality (TCEQ) regulations and report the following:

Name and Model of Device _____ Device Serial Number _____ Size _____

SERVICE ADDRESS _____ Existing () New () Replacement ()

Water Account No. _____ TEST GAUGE ID # _____ S/N Old Assembly: _____

	CHECK #1 VALVE	CHECK #2 VALVE	DIFF PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED () 2. CLOSED TIGHT ()	1. LEAKED () 2. CLOSED TIGHT ()	OPENED @ _____ LBS() REDUCED PRESSURE DID NOT OPEN ()	AIR INLET () OPENED @ _____ PSID DID NOT OPEN ()
R E P A I R S	CLEANED () REPLACED: Disc () DS Spring () SP Guide () GU Pin Retainer () PR Hinge Pin () HP Seat () SE Diaphragm () DP Other, describe () OT	CLEANED () REPLACED: Disc () DS Spring () SP Guide () CU Pin Retainer () PR Hinge Pin () HP Seat () SF Diaphragm () DP Other, describe () OT	CLEANED () REPLACED: Disc: Upper () DU Lower () DL Spring () SP Diaphragm: Large: Upper () LU Lower () LL Small () DP Seat: Upper () SU Lower () SL Spacer: Lower () SC Other, describe () DI	CHECK VALVE Held at _____ PSID Leaked () Cleaned () Replaced: Air Inlet Disc () AD Check Disc () CD Air Inlet Spring () AS Check Spring () CS Other, describe () OT
FINAL TEST	PSI Drop (R/P) _____ Closed Tight ()	PSI Drop (R/P) _____ Closed Tight ()	Opened @ _____ lbs. Reduced Pressure	Air Inlet _____ PSID Check Valve _____ PSID

CERTIFICATIONS:

1. I hereby certify that the foregoing data is accurate and reflects the proper operation and maintenance of the captioned equipment. I personally performed or directly supervised the field test herein described. I hereby certify that the Test Gauge listed above has been certified within the last twelve (12) months and a copy of the certification has been submitted to the City of Alamo Heights.

DATE _____ TIME _____ AM / PM PHONE #: _____

SIGNATURE of CERTIFIED TESTER

PLUMBING COMPANY

2. I hereby certify the device has been in constant use at this location in a manner approved by the City of Alamo Heights during the entire prescribed interval between test periods. During this period, this device was not by-passed, made inoperative or removed without proper authorization. All defects found during the operating period or during tests of the device were immediately corrected to the specification and approval of the City of Alamo Heights.

SIGNATURE OF RESIDENT OR REPRESENTATIVE

PHONE