

Attention: Inspection – Backflow Prevention Section

SUBJECT: Test and Maintenance Report - Backflow Prevention Assembly (Circle One) RP DC PVB SPVB RPDA DCDA

Please be advised that we have made the following periodic test as required by the San Antonio Water System Cross Connection Control Program and report the following:

Name and Model of Assembly _____ Assembly Serial # _____ Size _____

DCDC By Pass Assembly _____ Assembly Serial # _____ Size _____

Service Address _____ Acct # _____ Gauge # _____

CHECK #1 VALVE	M A I N	B Y P A S S	CHECK #2 VALVE	M A I N	B Y P A S S	DIFF. PRESSURE RELIEF VALVE	Double Check Detector Check	
INITIAL TEST	1. Leaked	() ()	1. Leaked	() ()	2. Closed Tight	() ()	Opened at _____ lbs. Reduced Pressure Did Not Open ()	P.S.I. Drop Mainline D/C Check # 1 _____ Check # 2 _____
R E P A I R S	Cleaned	() ()	Cleaned	() ()	Disc Spring Guide Pin Retainer Hinge Pin Seat Diaphragm Other, describe	Replaced: Disc Upper () Lower () Spring () Diaphragm: Large: Upper () Lower () Small () Seat: Upper () Lower () Spacer: Lower () Other, describe ()	By-Pass D/C Check #1 _____ Check #2 _____	
	Replaced:	() ()	Replaced:	() ()			Water Meter Test	
	Disc	() ()	Disc	() ()			Meter Reading Prior To D/C Test _____	
	Spring	() ()	Spring	() ()			Opened # 4 Test Cock Meter Registers Yes _____ No _____	
	Guide	() ()	Guide	() ()			Meter Reading upon Completion _____	
	Pin Retainer	() ()	Pin Retainer	() ()			Comments: _____	
	Hinge Pin	() ()	Hinge Pin	() ()			_____	
	Seat	() ()	Seat	() ()			_____	
	Diaphragm	() ()	Diaphragm	() ()			_____	
	Other, describe	() ()	Other, describe	() ()			_____	
FINAL TEST	P.S.I. Drop (RIP) _____	() ()	Closed Tight	()		Opened at _____ lbs. Reduced Pressure		

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.

 DATE SIGNATURE CERTIFIED TESTER TESTER #
 _____ AM () PM ()
 TIME TESTING COMPANY

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

 FIRM NAME ADDRESS

 TELEPHONE NO. TITLE DATE

 SIGNATURE OWNER OR REPRESENTATIVE