

San Antonio Water System #00150018
2800 US Hwy 281 North
SAN ANTONIO, TX 78212-3106

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 TCEQ Regulations and the San Antonio Water System Cross Connection Control Program and report the following:

Name and Model of Assembly _____ Assembly Serial # _____ Size _____
 Service Address _____ Account. # _____ Gauge # _____

	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 () Spring () Guide () Pin Retainer () Hinge Pin () Seat () Diaphragm () Other, describe ()	CLEANED () REPLACED: Disc () Spring () Guide () Pin Retainer () Hinge Pin () Seat () Diaphragm () Other, describe ()	CLEANED () REPLACED: Disc: Upper () Lower () Spring () Diaphragm: Large: Upper () Lower () Small () Seat: Upper () Lower () Spacer: Lower () Other, describe ()	CHECK VALVE Held at _____ PSID Leaked () Cleaned () Replaced: Air Inlet Disc () Check Disc () Air Inlet Spring () Check Spring () Other, describe ()
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 SAWS. The assembly is installed in accordance with manufacturer recommendations and/or local codes. YES _____ NO _____

DATE _____ TIME _____ AM () PM () San Antonio Tester Number: _____

 Signature Certified Tester Plumbing Company Phone Number

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