

RETURN TO
BEXAR COUNTY WCID #10
8601 MIDCROWN DRIVE
WINDCREST TX 78239

ATTENTION: Backflow Prevention Manager

SUBJECT: Test and Maintenance Report - Backflow Prevention Device

We have made the following periodic test as required by the Bexar County Water Control and Improvement District #10 Cross-Connection Control Program and report the following:

Brand and Model of Device _____ Device Serial Number _____ Size _____ in.

Type ____ DC RP PVB RPDA DCDA Existing ____ New ____ Replacement _____

Test Gauge ID # _____ S/N Assembly: _____

Service Address _____ Customer/Account Number: _____

Windcrest, Texas

	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 P 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 () Cleansed () 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 at _____ 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.

DATE SIGNATURE CERTIFIED TESTER PLUMBING COMPANY

PRINTED NAME CERTIFIED TESTER'S NUMBER

2. I hereby certify the device has been in constant use at this location in a manner approved by Windcrest Building Inspections Department during the entire prescribed interval between test periods and 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 Windcrest Building Inspections Department.

RESIDENT'S/FIRM'S NAME ADDRESS

TELEPHONE NUMBER TITLE DATE

SIGNATURE OF RESIDENT OR REPRESENTATIVE