



(Check One) Residential _____	Commercial _____
(Check One) Domestic _____	Irrigation _____
(Check One) Containment _____	Internal _____

6400 EL VERDE RD. LEON VALLEY TX, 78238

Attention: Backflow Prevention Section
 Assembly Location/Unit being protected

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 and the San Antonio Water System's Cross Connection Control Program and report the following:

Manufacturer and Model of Assembly _____

Assembly Serial _____

Size _____

Service Address _____

BKFL# _____ Gauge # _____

Gauge Exp Date _____

	CHECK # 1 VALVE	CHECK # 2 VALVE	DIFF. PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. Leaked Test <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	1. Leaked Test <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	Opened at ____ PSID Did not open <input type="checkbox"/> Leaking <input type="checkbox"/>	Air Inlet opened at ____ PSID Did Not Open <input type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <input type="checkbox"/> Describe:	Cleaned <input type="checkbox"/> Replaced: Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <input type="checkbox"/> Describe:	Cleaned <input type="checkbox"/> Replaced: Disc: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm: Large: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Small: Seat: Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer: Lower <input type="checkbox"/> Other <input type="checkbox"/> Describe:	Check Valve Held at ____ PSI Leaked <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: Air Inlet Disc <input type="checkbox"/> Check Disc <input type="checkbox"/> Air Intel Spring <input type="checkbox"/> Other <input type="checkbox"/> Describe:
FINAL TEST	P.S.I. Drop (R/P) _____ Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at ____ PSID	Air Intel ____ PSID Check Valve ____ PSID

CERTIFICATIONS:

1. I hereby certify that the foregoing data is accurate and reflects the proper and maintenance of the captioned equipment. I personally performed 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_____

Test Date_____ Time _____am() pm() BPAT Tester Number _____
Exp Date_____

SIGNATURE CERTIFIED

PRINT NAME

TESTING COMPANY NAME

ADDRESS & PHONE NUMBER

2. I hereby certify the assembly has been in constant use at this location in 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 NUMBER

TITLE

DATE

SIGNATURE OF OWNER OR REP.

PRINTED NAME OF OWNER OR REP.