

CITY OF ALAMO HEIGHTS 6116 BROADWAY SAN ANTONIO, TEXAS 78209

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 Assembly _____ Assembly Serial # _____ Size _____

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

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

	CHECK VALVE #1	CHECK VALVE #2	DIFF PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED () 2. CLOSED TIGHT ()	1. LEAKED () 2. CLOSED TIGHT ()	OPENED @ _____ PSID LEAKING () DID NOT OPEN ()	AIR INLET OPENED @ _____ PSI 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 _____ PSI 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 ()	Closed Tight ()	Opened @ _____ PSID	Air Inlet _____ PSI Check Valve _____ PSI

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 BPAT License #: _____ Exp. Date _____

Signature of Certified Tester Plumbing Company Phone #

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.

FIRM NAME MAILING ADDRESS

TELEPHONE NUMBER SIGNATURE OWNER OR REPRESENTATIVE