CITY OF SAN ANTONIO
DEVELOPMENT SERVICES DEPT.
1901 S. ALAMO, P.O. Box 839966
SAN ANTONIO, TX 78204 / 78283
ATTENTION: PLUMBING INSPECTION DIVISION

CLEAR CUSTOMER

(Check One) Res.____ Comm.____

TEST AND MAINTENANCE REPORT – BACKFLOW PREVENTION ASSEMBLY

Please be advised that we have made the following periodic test as required by the TCEQ Regulations and the San Antonio Plumbing Inspections Department Cross Connection Control Program and report the following:

Assembly Location / Unit Being Protected _____

(Circle One) RP DC PVB SPVB RPDA DCDA

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

Service Address:_____ New_____ Existing_____ Replacement_____

Cust./**Permit** Number _____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 at _____ PSID Leaking ( ) Did Not Open ( )	Air Inlet Opened at _____ PSI Did Not Open ( )
REPAIRS	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 ( ) GU Pin Retainer ( ) PR Hinge Pin ( ) HP Seat ( ) SE 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 ( ) OT	Check Valve Held at _____ PSI Leaked ( ) Cleaned ( ) Replaced: Air Inlet Disc ( ) Check Disc ( ) Air Inlet Spring ( ) Check Spring ( ) Other, describe ( )
FINAL TEST	**HELD** @ (R/P)_____PSID Closed Tight ( )	Closed Tight ( )	Opened at _____ 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. The assembly is installed in accordance with manufacturer recommendations and/or local codes. YES_____ NO_____

DATE _____ TIME _____ **BPAT License # BP**_____ **Exp. Date** _____

Signature Certified Tester **Plumbing Company** **Co. Phone No.**

2. I hereby certify the assembly has been in constant use at this location in a manner approved by the San Antonio Plumbing Inspections Department 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 Plumbing inspections Department.

Company Name or Homeowner Name **Address**

Telephone No. **Title** **Date**

SIGNATURE OWNER OR RE**PRESENTATIVE**

Rev. 9/10/09 ALL information must be filled out completely