

CITY of UNIVERSAL CITY  
 2150 UNIVERSAL CITY BLVD.  
 UNIVERSAL CITY, TX 78148

Attention: Water / Waste Water / Backflow Inspections

Device Location / Protecting \_\_\_\_\_

SUBJECT: Test and Maintenance Report – Backflow Prevention Device (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 City of Universal City Cross Connection Control Program and report the following:

Name and Model of Device \_\_\_\_\_ Device Serial # \_\_\_\_\_ Size \_\_\_\_\_

Service Address \_\_\_\_\_ 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 at _____ PSID Leaking ( ) Did Not Open ( )	Air Inlet Opened at _____ PSI Did Not Open ( )
REPAIRS	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 _____ PSI Leaked ( ) Cleaned ( ) Replaced: Air Inlet Disc ( ) Check Disc ( ) Air Inlet Spring ( ) Check Spring ( ) Other, Describe ( )
	FINAL TEST	P.S.I. Drop (R/P) _____ 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 and a copy of the certification has been submitted to the City of Universal City. The assembly is installed in accordance with manufacturer recommendations and/or local codes. YES \_\_\_ NO \_\_\_

\_\_\_\_\_  
 DATE SIGNATURE CERTIFIED TESTER TESTER BPAT NUMBER BPAT EXP. DATE  
 \_\_\_\_\_ am( ) pm( ) \_\_\_\_\_  
 TIME PLUMBING COMPANY TESTER PHONE NUMBER

2. I hereby certify the device has been in constant use at this location in a manner approved by the City of Universal City 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 City of Universal City.

\_\_\_\_\_  
 FIRM NAME MAILING ADDRESS  
 \_\_\_\_\_  
 TELEPHONE NUMBER TITLE DATE