

SAN ANTONIO WATER SYSTEM #00150018

2800 US HWY 281 NORTH
SAN ANTONIO, TX 78212-3106

FIRELINE

Attention: Backflow Prevention Section (Check One) Residential _____ Commercial _____

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

Manufacturer and Model of Assembly _____ Assembly Serial # _____ Size _____

DCDC by Pass Assembly _____ Assembly Serial # _____ Size _____

Service Address _____ BKFL# _____ Gauge # _____ Gauge EXP Date _____

Assembly Location _____

CHECK #1 VALVE	M A I N	B Y P A S S	CHECK #2 VALVE	M A I N	B Y P A S S	DIFF. PRESSURE RELIEF VALVE	Double Check Detector Check
INI-TIAL TEST			1. Leaked 2. Closed Tight	() () () ()	() () () ()	Opened at _____ lbs. Reduced Pressure Did Not Open ()	P.S.I. Drop Mainline D/C Check # 1 _____ Check # 2 _____
			Cleaned Replaced: Disc Spring Guide	() () () () () () () () () ()	() () () () () () () () () ()	Cleaned () Replaced: Disc Upper () Lower () Spring () Diaphragm: Large: Upper () Lower () Small () Seat: Upper () Lower () Spacer: Lower () Other, describe ()	By-Pass D/C Check #1 _____ Check #2 _____ Water Meter Test Meter Reading Prior To D/C Test _____
R E P A I P S			Pin Retainer Hinge Pin Seat Diaphragm Other, describe	() () () () () () () () () ()	() () () () () () () () () ()		Opened # 4 Test Cock Meter Registers Yes _____ No _____ Meter Reading upon Completion _____ Comments: _____ _____ _____
FINAL TEST			P.S.I. Drop (RIP) _____ Closed Tight () ()	() ()	()	Opened at _____ lbs. Reduced Pressure	

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 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 TESTING COMPANY NAME ADDRESS/CITY ZIP () PHONE

Printed Name

2. I hereby certify the assembly has been in constant use at this location in a 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 CITY ZIP

TELEPHONE NO. TITLE DATE

SIGNATURE OWNER OR REPRESENTATIVE PRINTED NAME OWNER OR REPRESENTATIVE