

**BexarMet Water District**  
**P.O.BOX 245994**  
**SAN ANTONIO, TX 78224-5994**

Public Water System # 0150045, 0150052-54, 0150072, 0150084, 0150171,  
 0150205, 0150249, 0150265, 0150270, 0150430, 0150497, 0150532,  
 0150545, 0150549, 0460013, 0460166, 0460196, 0460228, 1630039

Attention: Cross Connection Control / Backflow Department

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 Regulations and the BexarMet Water District Cross Connection Control Program and report the following:

Name and Model of Assembly \_\_\_\_\_ Assembly Serial # \_\_\_\_\_ Size \_\_\_\_\_  
 Service Address \_\_\_\_\_ Account. # \_\_\_\_\_ 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 @ _____ PSID LEAKING ( ) DID NOT OPEN ( )	AIR INLET OPENED @ _____ PSI DID NOT OPEN ( )
R E P A I R S	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	HELD @ (R/P) _____ PSID 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 BexarMet Water District. The assembly is installed in accordance with manufacturer recommendations and/or local codes. YES \_\_\_\_\_ NO \_\_\_\_\_

DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM ( ) PM ( ) BPAT License # BP Exp. Date \_\_\_\_\_

\_\_\_\_\_  
 Signature Certified Tester Plumbing Company Phone Number

2. I hereby certify the assembly has been in constant use at this location in a manner approved by the BexarMet Water District 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 assembly were immediately corrected to the specification and approval of the BexarMet Water District.

\_\_\_\_\_  
 FIRM NAME ADDRESS

\_\_\_\_\_  
 TELEPHONE NO. TITLE DATE

\_\_\_\_\_  
 SIGNATURE OWNER OR REPRESENTATIVE