BexarMet Water District
P.O. Box 245994
San Antonio, TX 78224-5994

Public Water System I.D. # 0150045, 0150052, 0150053, 0150054, 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

FIRELINE
(Circle One) RP DC PVB SPVB RPDA DCDA

Please be advised that we have made the following periodic test as required by the 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 Valve #1	Check Valve #2	Diff. Pressure Relief Valve	Double Check Detector Check
Intitial Test	1. Leaked ( ) 2. Closed Tight ( )	1. Leaked ( ) 2. Closed Tight ( )	Opened at_____lbs. Reduced Pressure Did Not Open ( )	P.S.I Drop Mainline D/C Check #1_____ Check #2_____ By-Pass D/C Check #1_____ Check #2_____
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 ( )	**Water Meter Test** Meter reading prior to D/C test_____ Opened #4 test cock meter registers Yes_____ No_____ Meter reading upon completion_____ Comments _____ _____ _____ _____
Final Test	P.S.I. Drop (R/P)_____ Closed Tight ( )	P.S.I. Drop (R/P)_____ 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 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 BexarMet Water District. The assembly is installed in accordance with the manufacturer recommendations and/or local codes. YES_____ NO_____

Date:_____ Time:_____ AM ( ) PM ( ) BPAT License #_____ Exp. Date_____

_____ _____ _____
Signature Certified Tester | Testing Company | Telephone 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 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 BexarMet Water District.

_____ _____ _____
Firm Name | Address | Telephone Number

_____ _____ _____
Date | Title | Signature Owner or Representative