



City of Alamo Heights
COMMUNITY DEVELOPMENT SERVICES DEPARTMENT
 6116 Broadway – San Antonio, Texas – 78209 – (210) 826-0516

Backflow Prevention Assembly Test and Maintenance Report

ADDRESS: _____ PERMIT NUMBER: _____

LOCATION OF ASSEMBLY: _____

System: () Irrigation () Main Service () Fire System () Other: _____

The backflow prevention assembly detailed below has been tested and maintained as required by Texas Commission on Environmental Quality regulations and report the following:

Type of assembly: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement Health/ Non-Health: <input type="checkbox"/> Health <input type="checkbox"/> Non-Health <input type="checkbox"/> Reduced Pressure Principle <input type="checkbox"/> Reduced Pressure Principle-Detector <input type="checkbox"/> Double Check Valve <input type="checkbox"/> Double Check-Detector <input type="checkbox"/> Pressure Vacuum Breaker <input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker	NOTE: COPY MUST BE ON SITE AT TIME OF INSPECTION FOR INSPECTOR REFERENCE AND A COPY EMAILED TO UTILITY BILLING AT UTILITIES@ALAMOHEIGHTSTX.GOV
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Manufacturer _____	Size _____
Model # _____	Serial # _____

	Reduced Pressure Principle Assembly		Relief Valve	Pressure Vacuum Breaker	
	Double Check Valve Assembly			Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	Held at ____ psid <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at ____ psid <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at ____ lbs. <input type="checkbox"/> Did not open	Opened at ____ psid <input type="checkbox"/> Did not open	Held at ____ psid <input type="checkbox"/> Leaked
REPAIRS	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced Disc Spring Guide Pin Retainer Hinge Pin Seat Diaphragm Other, Remarks	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced Disc Spring Guide Pin Retainer Hinge Pin Seat Diaphragm Other, Remarks	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced Disc Upper / Lower Spring Diaphragm Larger Upper / Lower Seat Upper / Lower Spacer Other, Remarks	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced Air Inlet Disc Air Inlet Spring Other (Describe)	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced Check Disc Check Spring Other (Describe)
Final Test	P.S.I. drop (R/P) _____ <input type="checkbox"/> Closed Tight	P.S.I. drop (R/P) _____ <input type="checkbox"/> Closed Tight	Opened at ____ lbs.	Opened at ____ psid	Held at ____ psid

Remarks:

I hereby certify that the foregoing data is accurate and reflects the proper operation and maintenance of the listed equipment. I personally performed or directly supervised the field test herein described. I hereby certify that the Test Gauge listed below has been certified within the last 12 months. The assembly is installed with manufacturer recommendations and/or local codes. __YES __NO

DATE & TIME _____	TESTER ID# _____	TEST GAUGE ID _____
SIGNATURE OF CERTIFIED TESTER _____		TESTING COMPANY _____

I hereby certify the assembly has been in constant use at this location in a manner approved by TCEQ regulations during the 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 TCEQ regulations.

FIRM NAME _____	ADDRESS (INCLUDING STATE & ZIP CODE) _____	() - _____ TELEPHONE
DATE _____	SIGNATURE _____	