



BACKFLOW PREVENTOR ASSEMBLY TEST AND MAINTENANCE REPORT

Tag Installed ()
 Location Inside () Outside ()

Please be advised that we have made the following periodic test as required by the **City of Weslaco** and report the following: The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters.

Manufacturer: _____

Model Number: _____ Serial Number: _____ Size: _____

Service Address: _____ Name of Location: _____

Location of Assembly: _____ Meter #: _____

Office Use Only
Account #

AG () R/P () DCDA () P.T.V.B ()

Is the assembly installed in accordance with manufactures recommendations and/or local codes? _____

Has assembly been tested in the past 12 months ()?

	Check # 1 Valve	Check # 2 Valve	Diff Pressure Relief Valve	Pressure Vacuum Breaker
Initial Test	Held at _____ psid Closed Tight () Leaked ()	Held at _____ psid Closed Tight () Leaked ()	Opened at _____ psid Did Not Open ()	Air Inlet Open at _____ psid Did Not Open ()
R E P A I R S	Clean () Replaced: Disc () Spring () Guide () Pin Retainer () Hinge Pin () Seat () Diaphragm () Other, describe:	Clean () Replaced: Disc () Spring () Guide () Pin Retainer () Hinge Pin () Seat () Diaphragm () Other, describe:	Clean () Replaced: Disc () Upper () Lower () Spring () Diaphragm: Large: Upper () Lower () Small Seat Spacer Upper () Lower () Other, describe:	Check Valve Held at _____ psid Leaked () Cleaned () Replaced: Air Inlet Disc () Check Disc () Air Inlet Spring () Check Disc () Other, describe:
Test After Repair	Held at _____ psid Closed Tight () P. S. I. Drop (R/P)	Held at _____ psid Closed Tight ()	Opened at _____ psid	Opened at _____ psid

Test gauge used: Make: _____ Model # _____ Serial Number: _____ Calibration Date: _____

Comments: _____

Certifications:

- I hereby certify that the foregoing data is accurate and reflects the proper operations 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 Weslaco**.

_____ Date	_____ Certified Testers Name (Please Print Name)	_____ License #/Exp. Date	_____ Mobile #
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- I hereby certify the devise has been in constant use at this location in a manner approved by the **City of Weslaco**. During the entire prescribed interval between test periods and during this period this device was not by-passed, made inoperative 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 Weslaco**.

_____ Firm Name	_____ Address	_____ Telephone #
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_____ Title	_____ Date	_____ Owner or Representative Name
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- Test records must be kept for at least three years
- Use only manufacturers replacement parts