9375 Corporate Dr. ▪ Selma, TX ▪ (210) 651-6661 ▪ Fax: (210) 651-0469

CITY OF SELMA, TEXAS
Test and Maintenance Report
Backflow Prevention Device
Doc. EEPOL-17 Rev. Y80425

Please be advised that we have made the following periodic test as required by the Texas Commission on Environmental Quality (TCEQ) regulations and report the following:

Assembly Location / Unit Being Protected: _____

System Type: Irrigation Service Fire System Other (Please describe):
(Please Circle)

Name and Model of Device: _____ **Device Serial #:** _____ **Size**: _____

Service Address: _____ **New** ( ) **Existing** ( ) **Replacement** ( )

Water Account #: _____ **Test Gauge ID#:** _____ **S/N Old Assembly**: _____

	CHECK #1 VALVE	CHECK #2 VALVE	DIFF. PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
Initial Test	1. Leaked ( ) 2. Closed Tight ( ) 3. Reading:	1. Leaked ( ) 2. Closed Tight ( ) 3. Reading:	Opened at _____lbs. Reduced Pressure Did Not Open ( )	Air Inlet: Opened at _____ PSID Did Not Open ( )
REPAIRS	Cleaned: ( ) Replaced: Disc ( ) DS Spring ( ) SP Guide ( )GU Pin Retainer ( )PR Hinge Pin ( )HP Seat ( )SE Diaphragm ( )DP Other, describe ( )OT	Cleaned: ( ) Replaced: Disc ( ) DS Spring ( ) SP Guide ( )GU Pin Retainer ( )PR Hinge Pin ( )HP Seat ( )SE Diaphragm ( )DP Other, describe ( )OT	Cleaned ( ) Replaced: Disc: Upper ( )DU Lower ( )DL Spring: ( )SP Diaphragm: Large: Upper ( )LU Lower ( )LL Small ( )DP Seat: Upper ( )SU Lower ( )SL Spacer: Lower ( )SC Other, describe ( )OT	Check Valve Held at _____ PSID Leaked ( ) Cleaned ( ) Replaced: Air Inlet Disc ( ) Check Disc ( ) Air Inlet Spring ( ) Check Spring ( ) Other, describe ( )
Final Test	P.S.I. Drop (R/P)_____ Closed Tight ( )	Closed Tight ( )	Opened at _____ lbs. Reduced Pressure	Air Inlet _____PSID Check Valve: _____PSID

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. The assembly is installed in accordance with manufacturer recommendations and/or local codes.
PLEASE CIRCLE: **YES** **NO**

DATE: _____ **TIME:** _____ **AM / PM** **TCEQ LICENSE #** _____

_____ _____

PRINTED NAME AND SIGNATURE OF CERITFIED TESTER **PLUMBING COMPANY**

2. I hereby certify the assembly has been in constant use at this location in a manner approved by the Selma Plumbing Inspections Department 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 Selma Plumbing Inspections Department.

_____ _____

FIRM/BUSINESS NAME **ADDRESS**

_____ _____ _____

TELEPHONE NO. **TITLE** **DATE**

_____

SIGNATURE OWNER OR REPRESENTATIVE