SAN ANTONIO WATER SYSTEM
P. O. Box 2449
SAN ANTONIO, TEXAS 78298
Attention: Backflow Prevention Department

FIRELINE
TEST AND MAINTENANCE REPORT
BACKFLOW PREVENTION ASSEMBLY

Please be advised that we have made the following periodic test as required by the San Antonio Water System's Cross Connection Control Program and report the following:

Name and Model of Assembly: _____ Assembly Serial #: _____ Size: _____
DCDC By Pass Assembly: _____ Assembly Serial #: _____ Size: _____

Service Address: _____ Tap #: _____ Gauge #: _____

	CHECK #1 VALVE	MAIN	BYPASS	CHECK #2 VALVE	MAIN	BYPASS	DIFF. PRESSURE RELIEF VALVE	Double Check Detector Check
INI-TIAL TEST	1. Leaked	( )	( )	1. Leaked	( )	( )	Opened at ____ lbs. Reduced Pressure	P.S.I. Drop **Mainline D/C**
	2. Closed Tight	( )	( )	2. Closed Tight	( )	( )	Did not Open ( )	Check #1 _____ Check #2 _____
REPAIRS	Cleaned	( )	( )	Cleaned	( )	( )	Cleaned ( )	**By-Pass D/C**
	Replaced	( )	( )	Replaced	( )	( )	Replaced:	Check #1 _____
	Disc	( )	( )	Disc	( )	( )	Disc:	Check #2 _____
	Spring	( )	( )	Spring	( )	( )	Upper ( )	Water Meter Test
	Guide	( )	( )	Guide	( )	( )	Lower ( )	Meter Reading
	Pin Retainer	( )	( )	Pin Retainer	( )	( )	Spring ( )	Prior To D/C Test _____
	Hinge Pin	( )	( )	Hinge Pin	( )	( )	Diaphragm:	
	Seat	( )	( )	Seat	( )	( )	Large	Opened #4 Test Cock
	Diaphragm	( )	( )	Diaphragm	( )	( )	Upper ( )	Meter Registers
	Other. Describe	( )	( )	Other. Describe	( )	( )	Lower ( )	Yes ____
							Small ( )	No ____
							Seat:	Meter Reading upon
							Upper ( )	Completion _____
							Lower ( )	
							Spacer:	Comments: _____
							Lower ( )	_____
							Other. Describe ( )	_____
Final Test	P.S.I. Drop (R/P) _____						Opened at ____ lbs.	
	Closed Tight	( )	( )	Closed Tight	( )	( )	Reduced Pressure	

CERTIFICATIONS:

1. I hereby certify that the following 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.

_____ _____ _____
DATE SIGNATURE OF CERTIFIED TESTER TESTING COMPANY NAME

2. I hereby certify the device has been in constant use at this location in a manner approved by the San Antonio Water System during the entire prescribed interval between test periods and during 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 device were immediately corrected to the specification and approval of the San Antonio Water System.

_____ _____
FIRM NAME ADDRESS

_____ _____ _____
TELEPHONE NO. TITLE DATE

_____
SIGNATURE OF OWNER/REPRESENTATIVE