

Submit all original test forms to:

MSEC 9 bhYdf]gYgZ-bW' X#/#JA]X!Gci H `GrbYf[mi! K UYf' FYgci fWg
P.O. BOX 1266
Montgomery, TX 77356



Attention: Inspection - Backflow Prevention Section

SUBJECT: Test and Maintenance Report - Backflow Prevention Device

Please be advised that we have made the following periodic test as required by MSEC Enterprises's Cross Connection Control Program and report the following:

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

Service Address _____

Test gauge Make/Model: _____ SN: _____ Date tested for Accuracy: _____

Initial Test	Reduced Pressure Backflow Prevention Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Differential Pressure Relief Valve	Air Relief	SR Vacuum Breaker
	#1 Check Valve	#2 Check Valve			Check Valve
	DCVA ____ PSI	DCVA ____ PSI	Opened at _____ PSID	Opened at _____ PSID	Closed at _____ PSID
RPZ ____ PSID	RPZ Leaked () Closed Tight ()	Did not open ()	Did not open ()	Did not close ()	
Repairs					
Final Test	DCVA ____ PSI	DCVA ____ PSI	Opened at _____ PSI	Opened at _____ PSI	Closed at _____ PSI
	RPZ ____ PSID	RPZ Closed Tight ()			

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 (12) months and a copy of that certification has been submitted to SAWS.

DATE CERTIFIED TESTER NAME CERTIFIED TESTER NO.

SIGNATURE CERTIFIED TESTER PLUMBING COMPANY

2. I hereby certify the device has been in constant use at this location in a manner approved by MSEC Resources during the entire prescribed interval between test periods and during this 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 MSEC Enterprises.

FIRM NAME ADDRESS

TELEPHONE NO. TITLE DATE

TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS
USE ONLY MANUFACTURER'S REPLACEMENT PARTS