



RETURN ORIGINAL REPORT TO:
 CITY OF MANOR PUBLIC WORKS
 DEPARTMENT
 EMAIL: MSANCHEZ@CITYOFMANOR.ORG
 PHONE: 512-272-5555

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping purposes:

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF PWS: City of Manor
 PWS I.D.: # 2270002
 MAILING ADDRESS: 11001 LAKEVIEW BLVD., BLDG #1, STE 100, AUSTIN, TX 78717
 CONTACT PERSON: RYLAND HOMES
 LOCATION OF SERVICE: 13624 GLEN CREEK CT

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY

- Reduced Pressure Principle
- Double Check Valve
- Pressure Vacuum Breaker
- Reduced Pressure Principle-Detector
- Double Check-Detector
- Spill-Resistant Pressure Vacuum Breaker

Manufacturer AROLD Size 1"
 Model Number DC4A Located At 9' SE of METER
 Serial Number 740960

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? YES

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
	Held at <u>2</u> psid	Held at ____ psid	Opened at ____ psid	Opened at ____ psid	Held at ____ psid
Initial Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
	Leaked <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/>			
Repairs and Materials Used	<u>CLEAN/ FLUSH</u>				
Test After Repair	Held at <u>2</u> psid Closed Tight <input checked="" type="checkbox"/>	Held at <u>2</u> psid Closed Tight <input checked="" type="checkbox"/>	Opened at ____ psid	Opened at ____ psid	Held at ____ psid

Test gauge used: Make/Model MIDWEST/845-3 SN: 06111314
 Date Tested for Accuracy: 06/24/15
 Remarks: NONE

The above is certified to be true at the time of testing.

Firm Name LSINCLAIR SERVICES, INC. Certified Tester (print) LEWIS R. SINCLAIR
 Firm Address CEDAR PARK, TX 78613 Certified Tester (signature) [Signature]
 Firm Phone # 512-563-8762 Cert. Tester No# B70002815 Date 04/26/16
 Firm Email LSS@AUSTIN.PR.COM Cert. Tester Email L/A

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