

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

WESTIN

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:

NAME OF PWS:	
PWS ID#:	
PWS MAILING ADDRESS:	
PWS CONTACT PERSON:	
ADDRESS OF SERVICE:	478 Anfield Circle

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 BACKFLOW PREVENTION ASSEMBLY (BPA):

<input type="checkbox"/>	Reduced Pressure Principle (RPBA)	<input type="checkbox"/>	Reduced Pressure Principle-Detector (RPBA-D)
<input checked="" type="checkbox"/>	Double Check Valve (DCVA)	<input type="checkbox"/>	Double Check-Detector (DCVA-D)
<input type="checkbox"/>	Pressure Vacuum Breaker (PVB)	<input type="checkbox"/>	Spill-Resistant Pressure Vacuum Breaker (SVB)

Manufacturer:	Febco	Size:	1"
Model Number:	850	BPA Location:	<i>1' ESE OF METER</i>
Serial Number:	<i>HE745D</i>	BPA Serves:	Residential Landscape Irrigation

Reason for test:	New <input checked="" type="checkbox"/>	Existing <input type="checkbox"/>	Replacement <input type="checkbox"/>	Old Model/Serial # <input type="checkbox"/>
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Is the assembly installed on a non-potable water supply (auxiliary)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

	Reduced Pressure Principle Assembly (RPBA)			PVB & SVB	
	DCVA		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check***			
Initial Test Date: <i>100318</i> Time: <i>12:55PM</i>	Held at <i>2.5</i> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at <i>2.5</i> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ___ psid Did not open <input type="checkbox"/>	Opened at ___ psid Did not open <input type="checkbox"/> Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/>)	Held at ___ psid Leaked <input type="checkbox"/>
Repairs and Materials Used**					
Test After Repair Date: Time:	Held at ___ psid Closed Tight <input type="checkbox"/>	Held at ___ psid Closed Tight <input type="checkbox"/>	Opened at ___ psid	Opened at ___ psid	Held at ___ psid

*** 2nd check: numeric reading required for DCVA only

Differential pressure gauge used:	Potable: <input checked="" type="checkbox"/>	Non-Potable: <input type="checkbox"/>
Make/Model: <i>Midwest / 845-3</i>	SN: <i>06111314</i>	Date tested for accuracy : <i>05/14/2018</i>

Remarks:	<i>None</i>
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Company Name:	<i>L Sinclair Services Inc.</i>	Licensed Tester Name (Print/Type):	<i>Lewis R. Sinclair</i>
Company Address:	<i>Cedar Park, TX 78613</i>	Licensed Tester Name (Signature):	<i>[Signature]</i>
Company Phone #:	<i>512-563-8762</i>	BPAT License #	<i>BP0002815</i>
		License Expiration Date:	<i>02/12/2020</i>

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

* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC §290.46(B)]

** USE ONLY MANUFACTURER'S REPLACEMENT PARTS

TEST RESULT
PASS <input checked="" type="checkbox"/>
FAIL <input type="checkbox"/>