

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

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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:	City of Leander
PWS ID#:	2460012
PWS MAILING ADDRESS:	P.O. Box 319 Leander, TX 78646
PWS CONTACT PERSON:	Christi Williams
ADDRESS OF SERVICE:	2928 Mossy Springs Dr.

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:	9' NE OF METER
Serial Number:	HE73942	BPA Serves:	Residential Landscape Irrigation

Reason for test:	New <input checked="" type="checkbox"/>	Existing <input type="checkbox"/>	Replacement <input type="checkbox"/>	Old Model/Serial #
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
	1 st Check	2 nd Check***		
Initial Test Date: 12/31/18 Time: 11:50 AM	Held at 27 psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at 27 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"/>)
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: Midwest / 845-3	SN: 06111314	Date tested for accuracy: 05/14/2018

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

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 ☒FAIL ☐