## Texas Commission on Environmental Quality BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

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|   |     |

| The follow                             | wing form mus | t be completed for   | each ass   | embly test         | ed. A sig    | ned and  | dated original must be subn  | nitted to the public w           | ater supplie                            | er for recordkee      | ping *purposes: |  |  |
|--|---------------|--|------------|--------------------|--------------|--|--|----------------------------------|---|-----------------------|-----------------|--|--|
| NAME (                                 | OF PWS:       |  | City       | of Lear            | nder         |  |  |                                  |   |                       |                 |  |  |
| PWS ID                                 | <b>)</b> #:   |  | 2460       | 0012               |              |  |  |                                  |   |                       |                 |  |  |
| PWS MAILING ADDRESS: P.O. Box 319 Lean |               |  |            |                    |              |  | ГХ 78646   |                                  |   |                       |                 |  |  |
| PWS CONTACT PERSON: Christi Williams   |               |  |            |                    |              |  |  |                                  |   |                       |                 |  |  |
| ADDRE                                  | ESS OF SE     | RVICE:   | 2933       | Mossy              | Spring       | gs Dr.   |  |                                  |   |                       |                 |  |  |
| The bac                                | ckflow pre    | vention assem  |            |                    |              |  | en tested and mainta   | ined as require                  | d by con                                | mission re            | gulations       |  |  |
|  |               | be operating   |            |                    |              |  |  | •                                | ,                                       |                       | 3               |  |  |
|  |               |  |            |                    |              |  | REVENTION ASS  | EMBLY (BPA                       | ):                                      |                       |                 |  |  |
| $\square$ R                            | Reduced Pr    | essure Principle (RPBA) Reduced Pressure Principle-Detector (RPBA-D) |            |                    |              |  |  |                                  |   |                       |                 |  |  |
|  |               | 1  |            |                    |              | 5-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3              |  | c Check-Detector (DCVA-D)        |   |                       |                 |  |  |
|  |               |  |            |                    |              |  | Spill-Resistant Pressure Vacuum Breaker (SVB)  |                                  |   |                       |                 |  |  |
| □ P                                    | Pressure Va   | cuum Breake  | r (PV)     | B)                 |              | Spill  | -Resistant Pressure \  | acuum Breake                     | er (SVB)                                |                       |                 |  |  |
| Manufac                                | cturer:       | Febco  |            | 10-                |              |  | Size:  | 1"                               |   |                       |                 |  |  |
| Model N                                |               | 850  |            |                    |              |  | BPA Location:  |                                  |   |                       |                 |  |  |
| Serial N                               |               | HE75   | 3125       |                    |              |  | BPA Serves:  | Residential Landscape Irrigation |   |                       |                 |  |  |
|  |               | 1101   | 4          | 1                  |              |  | 1-11-541,451   | 110010011111111                  | Jungorup                                | - 1111 <u>B</u> attor |                 |  |  |
| Reason f                               | for tost:     | N  |            |                    |              |  | , 🗖 🔾  | 1.1/0 * 1.11                     |   |                       |                 |  |  |
|  |               |  | Existin    |                    |              |  | cement Old Mo  |                                  | 0                                       |                       | Ι               |  |  |
|  |               |  |            |                    |              |  | recommendations an   | id/or local code                 | es?                                     | ⊠ Yes                 | □ No            |  |  |
| Is the ass                             | sembly ins    | talled on a no   | n-pota     | ible wat           | er supp      | oly (a   | uxiliary)?   |                                  |   | ☐ Yes                 | ⊠ No            |  |  |
|  |               | Reduced Pres   | cure I     | Principle          | A CCA        | nhlv (   | (RPRA)   |                                  | DV/D                                    | & SVB                 |                 |  |  |
|  |               | Reduced Fies   |            |                    | e Assei      | HOLY (   | (KFDA)   |                                  | LAD                                     | W S V B               |                 |  |  |
|  |               |  | DC         | VA                 |              |  | Relief Valve   | A in Inl                         | Air Inlet                               |                       | k Valve         |  |  |
|  |               | 1st Check  |            | 2 <sup>nd</sup> Ch | neck**       | *  | Relief valve   | Air iiii                         | ei                                      | Chec                  | k valve         |  |  |
| Initial T                              | Coat          | Held at 2?   |            | Held at            |              |  | Onanad at maid   | Onenadat                         | naid                                    | Hold of               | naid            |  |  |
|  |               |  | !!         |                    |              | San III  | Opened at psid   | Opened at _                      |   | Held at _             | psid            |  |  |
| Time!                                  | 7718          | Closed Tight   |            | Closed             | 92500        | 9  | Did not open   | Did not open                     |   | Leaked                |                 |  |  |
| Time. tz                               | LIOPH         | Leaked   |            | Leaked             |              |  |  |                                  |   |                       |                 |  |  |
|  |               |  |            |                    |              |  |  | Did it fully o                   | •                                       |                       |                 |  |  |
|  |               |  |            |                    |              |  |  | (Yes □ /No                       | $\square$ )                             |                       |                 |  |  |
| Repairs a                              | and           |  |            |                    |              |  |  |                                  |   |                       |                 |  |  |
|  | s Used**      |  |            |                    |              |  |  |                                  |   |                       |                 |  |  |
|  |               |  |            |                    |              |  |  |                                  |   |                       |                 |  |  |
|  |               |  |            |                    |              |  |  | To 1                             |   |                       |                 |  |  |
| Test Aft                               | ter           |  | . 11       |                    |              |  | Opened at psid   | Opened at                        | psid                                    | Held at _             | psid            |  |  |
| Repair                                 |               | Closed Tight   |            | Closed             | <b>Tight</b> |  |  |                                  |   |                       |                 |  |  |
| Date:                                  |               |  |            |                    |              |  |  |                                  |   |                       |                 |  |  |
| Time:                                  |               |  |            |                    |              |  |  |                                  | *************************************** |                       |                 |  |  |
|  |               |  |            | eric rea           | ding re      | equire   | d for DCVA only  |                                  |   |                       |                 |  |  |
| Differen                               | ential pressi | ure gauge use  | <b>d</b> : |                    |              | P  | otable: 🛛  | Non-F                            | otable:                                 |                       |                 |  |  |
| Make/N                                 | Model: N      | lidwest / 845-   | 3          |                    | SN:          | 06   | 111314   | Date tested for                  | accurac                                 | y: 05/1               | 4/2018          |  |  |
| D 1                                    |               | T  |            |                    |              |  | The second secon |                                  |   |                       |                 |  |  |
| Remark                                 | KS:           | Vone   |            |                    |              |  |  |                                  |   |                       |                 |  |  |
|  |               |  |            |                    |              |  |  |                                  |   |                       |                 |  |  |
|  |               |  |            |                    |              |  |  |                                  |   |                       |                 |  |  |
| Company Name: L Sinclair Services Inc. |               |  |            |                    |              | Licensed Tester Name (Print/Type): Lewis R. Sipclair |  |                                  |   |                       |                 |  |  |
|  | ny Address    |  |            |                    |              | Licensed Tester Name (Signature):                    |  |                                  |   |                       |                 |  |  |
| _                                      | ny Phone #    |  |            |                    |              | BPAT License # BP0002815                             |  |                                  |   |                       |                 |  |  |
|  |               |  |            |                    |              |  | ense Expiration Date   |                                  |   |                       |                 |  |  |
| - Colombia                             |               |  |            |                    |              | •  | *  |                                  |   | TEST                  | RESULT          |  |  |
|  |               | The above  | is ce      | rtified t          | to be t      | rue at   | the time of testing.   |                                  |   |                       |                 |  |  |
| * TEST                                 | Γ RECORE      |  |            |                    |              |  | THREE YEARS [30  |                                  | B)]                                     |                       | ss 🗵            |  |  |
|  |               | IANUFACTU  |            |                    |              |  |  | 3000                             |   | FA                    |                 |  |  |
|  |               |  |            |                    |              |  |  |                                  |   |                       |                 |  |  |