

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

TMA

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 Round Rock
PWS ID#:	
PWS MAILING ADDRESS:	301 W. Bagdad #100, Round Rock, TX 78664
PWS CONTACT PERSON:	Inspection Dept. - 512-218-5550
ADDRESS OF SERVICE:	4849 Fiore Trail

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:	7 th E of METER
Serial Number:	HE77238	BPA Serves:	Residential Landscape Irrigation

Reason for test: New Existing Replacement Old Model/Serial #

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? Yes No

Is the assembly installed on a non-potable water supply (auxiliary)? Yes No

	Reduced Pressure Principle Assembly (RPBA)			PVB & SVB	
	DCVA		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check***			
Initial Test Date: 01/29/19 Time: 01:40 PM	Held at 2.6 psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at 2.2 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: Midwest / 845-3	SN: 06111314	Date tested for accuracy: 05/14/2018

Remarks: None

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 <input checked="" type="checkbox"/>
FAIL <input type="checkbox"/>