

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

T-1

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: | PO Box 319 Leander, TX 78646 |
| PWS CONTACT PERSON:  | Christi Williams             |
| ADDRESS OF SERVICE:  | 3020 Shane 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: | HE83342 | 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 |

| TEST RESULT                                                               | Reduced Pressure Principle Assembly (RPBA)                                                              |                                                                                                         |                                                             | PVB & SVB                                                                                                                                          |                                                     |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
|                                                                           | DCVA                                                                                                    |                                                                                                         | Relief Valve                                                | Air Inlet                                                                                                                                          | Check Valve                                         |
|                                                                           | 1 <sup>st</sup> Check                                                                                   | 2 <sup>nd</sup> Check***                                                                                |                                                             |                                                                                                                                                    |                                                     |
| PASS <input checked="" type="checkbox"/><br>FAIL <input type="checkbox"/> |                                                                                                         |                                                                                                         |                                                             |                                                                                                                                                    |                                                     |
| <b>Initial Test</b><br>Date: 052419<br>Time: 0155PM                       | Held at 2.9 psid<br>Closed Tight <input checked="" type="checkbox"/><br>Leaked <input type="checkbox"/> | Held at 2.9 psid<br>Closed Tight <input checked="" type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at ___ psid<br>Did not open <input type="checkbox"/> | Opened at ___ psid<br>Did not open <input type="checkbox"/><br><br>Did it fully open<br>(Yes <input type="checkbox"/> /No <input type="checkbox"/> | Held at ___ psid<br>Leaked <input type="checkbox"/> |
| Repairs and Materials Used**                                              |                                                                                                         |                                                                                                         |                                                             |                                                                                                                                                    |                                                     |
| <b>Test After Repair</b><br>Date:<br>Time:                                | Held at ___ psid<br>Closed Tight <input type="checkbox"/>                                               | Held at ___ psid<br>Closed Tight <input type="checkbox"/>                                               | Opened at ___ psid                                          | Opened at ___ psid                                                                                                                                 | Held at ___ psid                                    |

\*\*\* 2<sup>nd</sup> 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 : 04/29/19   |

|          |      |
|----------|------|
| 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):  |  |
| 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