



Backflow Prevention Assembly Test and Maintenance Report

Name of PWS HAYS COUNTY WCID #2 PWS I.D. # 1050148

PWS Mailing Address 14050 SUMMIT DRIVE SUITE 103 AUSTIN, TX 78728

PWS Contact Person SCOTT MANUEL, MISSY ROBERTS, PHIL HENDERSON

Address of Service 12503 MESA VERDE DR.

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters.

Type of Assembly

- | | |
|---|--|
| <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 FEBLO Size 1"

Model Number 850 BPA Location 3' WSW OF METER

Serial Number HEB3 HE93819 BPA Serves LANDSCAPE IRRIGATION

Reason for Test: New Existing Replacement Old Model/Serial Number N/A

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 (RPBA) | | | PVB & SVB | |
|---|--|--|---|---|---|
| | Double Check Valve (DCVA) | | Relief Valve | Air Inlet | Check Valve |
| | 1 st Check | 2 nd Check*** | | | |
| Initial Test Date: <u>070319</u> Time: <u>1120AM</u> | Held at <u>2.5</u> psid <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked | Held at <u>2.5</u> psid <input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked | Opened at _____ psid <input type="checkbox"/> Did not open | Opened at _____ psid <input type="checkbox"/> Did not open Did it fully open? <input type="checkbox"/> Yes <input type="checkbox"/> No | Held at _____ psid <input type="checkbox"/> Leaked |
| Repairs and Materials Used** | _____ | | | | |
| Test After Repair Date: _____ Time: _____ | Held at _____ psid <input type="checkbox"/> Closed Tight | Held at _____ psid <input type="checkbox"/> Closed Tight | Opened at _____ psid | Opened at _____ psid | Held at _____ psid |

*** 2nd Check: Numeric reading required for DCVA only

Differential Pressure Gauge Used Potable Non-Potable

Make/Model MIDWEST/945-3 Serial Number 06111314 Date tested for accuracy 042919

Remarks NONE

Company Name Inframark Licensed Tester Name (print/type) LEWIS R. SINCLAIR
 Company Address 14050 Summit Dr., Austin, TX 78728 Licensed Tester Name (signature) [Signature]
 Company Phone 512-246-0498 BPAT License # BP0002815 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