

**BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT**

TM

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:  | 3117 Lago Way                            |

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: | T/E OF METER                     |
| Serial Number: | HE33854 | 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 |

| TEST RESULT<br>PASS <input checked="" type="checkbox"/><br>FAIL <input type="checkbox"/> | Reduced Pressure Principle Assembly (RPBA)  |   | PVB & SVB   |  |   |
|--|---|---|---|--|---|
|  | DCVA  |   | Relief Valve  | Air Inlet  | Check Valve   |
|  | 1 <sup>st</sup> Check   | 2 <sup>nd</sup> Check***  |   |  |   |
| <b>Initial Test</b><br>Date: 083019<br>Time: 0335 PM                                     | 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):  | <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