

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

TRDMKR

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:	
PWS ID#:	
PWS MAILING ADDRESS:	
PWS CONTACT PERSON:	
ADDRESS OF SERVICE:	2204 Clintons Cloud Court

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 checked="" type="checkbox"/>	Reduced Pressure Principle (RPBA)	<input type="checkbox"/>	Reduced Pressure Principle-Detector (RPBA-D)
<input 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:	Apollo	Size:	1"
Model Number:	RP4A	BPA Location:	LEFT SIDE OF HOUSE
Serial Number:	984433	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	Reduced Pressure Principle Assembly (RPBA)		PVB & SVB		
PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/>	DCVA		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check***			
Initial Test Date: 04/18/19 Time: 11:00 AM	Held at 8.3 psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at ____ psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at 3.7 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 : 04/29/19

Remarks:	None
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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	02/12/2020
		Date:	

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