



# Backflow Prevention Assembly Test and Maintenance Report

TM

Name of PWS RELINION RANCH PWS I.D. # 1050175

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

PWS Contact Person SCOTT MANUEL, MISSY ROBERTS, PHIL HENDERSON

Address of Service 1208 JACKSPAW 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 FEDCO APOLLO Size 1"

Model Number 850 DC4AY BPA Location 6' NE OF METER

Serial Number 19146A 19176A BPA Serves LANDSCAPE IRRIGATION

Reason for Test: ☒ New ☐ Existing ☐ Replacement Old Model/Serial Number \_\_\_\_\_

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
	1st Check	2nd Check***			
<b>Initial Test</b>	Held at <u>2.0</u> psid	Held at <u>2.0</u> psid	Opened at _____ psid	Opened at _____ psid	Held at _____ psid
Date: <u>4/14/21</u>	<input checked="" type="checkbox"/> Closed Tight	<input checked="" type="checkbox"/> Closed Tight	<input type="checkbox"/> Did not open	<input type="checkbox"/> Did not open	<input type="checkbox"/> Leaked
Time: <u>1135A</u>	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		Did it fully open? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Repairs and Materials Used**	_____				
<b>Test After Repair</b>	Held at _____ psid	Held at _____ psid	Opened at _____ psid	Opened at _____ psid	Held at _____ psid
Date: _____	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight			
Time: _____					

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

Differential Pressure Gauge Used ☒ Potable ☐ Non-Potable

Make/Model BAC FLOLIN/BAC FLO-3 Serial Number 03162474 Date tested for accuracy 04/01/21

Remarks \_\_\_\_\_

Company Name <u>Inframark</u>	Licensed Tester Name (print/type) <u>LEWIS R. SINCLAIR</u>
Company Address <u>14050 Summit Dr., Austin, TX 78728</u>	Licensed Tester Name (signature) <u>[Signature]</u>
Company Phone <u>512-246-0498</u>	BPAT License # <u>BPOCO2B15</u> Expiration Date <u>02/12/2023</u>

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