

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

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:

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|----------------------|------------------------------------------------|
| NAME OF PWS: | Dripping Springs WSC |
| PWS ID#: | 1050013 |
| PWS MAILING ADDRESS: | 101 Hays St ste 406 Dripping Springs, TX 78620 |
| PWS CONTACT PERSON: | Tracy Gray |
| ADDRESS OF SERVICE: | 334 Pecos River Xing Dripping Springs 78620 |

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) | Type II | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> | Double Check Valve (DCVA) | <input type="checkbox"/> | Double Check-Detector (DCVA-D) | Type II | <input type="checkbox"/> |
| <input type="checkbox"/> | Pressure Vacuum Breaker (PVB) | <input type="checkbox"/> | Spill-Resistant Pressure Vacuum Breaker (SVB) | | |

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|----------------|--------------|---------|---------------|-------------------------------------|---------|
| Manufacturer: | Main: Febco | Bypass: | Size: | Main: 1" | Bypass: |
| Model Number: | Main: 850 | Bypass: | BPA Location: | Right front yard 10 feet from meter | |
| Serial Number: | Main HF72295 | Bypass: | BPA Serves: | Irrigation | |


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|-----------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|--------------------------------------|---------------------------------------------------------------------|
| 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) | | | Type II Assembly | PVB & SVB | |
|-----------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------------------------------------------------|---------------------------------|
| | DCVA | | Relief Valve | Bypass Check | Air Inlet | Check Valve |
| | 1 st Check | 2 nd Check*** | | | | |
| PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/> | Held at 2.5 psid | Held at 2.3 psid | Opened at _____ psid | Held at _____ psid | Opened at _____ psid | Held at _____ psid |
| Initial Test | Closed Tight <input checked="" type="checkbox"/> | Closed Tight <input checked="" type="checkbox"/> | psid | Closed Tight <input type="checkbox"/> | Did not open <input type="checkbox"/> | psid |
| Date: 6/7/2021 | Leaked <input type="checkbox"/> | Leaked <input type="checkbox"/> | Did not open <input type="checkbox"/> | Leaked <input type="checkbox"/> | Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/>) | Leaked <input type="checkbox"/> |
| Time: 10:50AM | | | | | | |
| Repairs and Materials Used** | Main: _____ Bypass: _____ | | | | | |
| Test After Repair | Held at _____ psid | Held at _____ psid | Opened at _____ psid | Held at _____ psid | Opened at _____ psid | Held at _____ psid |
| Date: _____ | Closed Tight <input type="checkbox"/> | Closed Tight <input type="checkbox"/> | psid | Closed Tight <input type="checkbox"/> | | psid |
| Time: _____ | | | | | | |

*** 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 | SN: 10150482 | Date tested for accuracy : 10/9/2020 |

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| Remarks: | |
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|------------------|------------------------------|------------------------------------|---------------------------------------------------------------------------------------|
| Company Name: | Safewater Backflow | Licensed Tester Name (Print/Type): | Brad Weyant |
| Company Address: | PO Box 4002 Austin, TX 78765 | Licensed Tester Name (Signature): |  |
| Company Phone #: | 512-605-9790 | BPAT License # | BP0016935 |
| | | License Expiration Date: | 12/3/2021 |

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