

**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:

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:	174 Nodena Dr. Dripping Springs, TX 787620

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)		

Manufacturer:	Main: Febco	Bypass:	Size:	Main: 1"	Bypass:
Model Number:	Main: 850	Bypass:	BPA Location:	Left front yard 5 ft from meter	
Serial Number:	Main: HF75316	Bypass:	BPA Serves:	Irrigation	

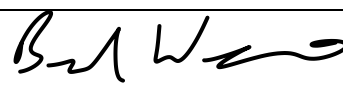
Reason for test:	New <input checked="" type="checkbox"/>	Existing <input type="checkbox"/>	Replacement <input type="checkbox"/>	Old Model/Serial #
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the assembly installed on a non-potable water supply (auxiliary)?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>TEST RESULT</b>	Reduced Pressure Principle Assembly (RPBA)			Type II Assembly	PVB & SVB	
	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
	1 <sup>st</sup> Check	2 <sup>nd</sup> Check***				
<b>PASS</b> <input checked="" type="checkbox"/>						
<b>FAIL</b> <input type="checkbox"/>						
<b>Initial Test</b>	Held at <u>1.8</u> psid	Held at <u>2.1</u> psid	Opened at <u>    </u> psid	Held at <u>    </u> psid	Opened at <u>    </u> psid	Held at <u>    </u> psid
Date: 9/9/2021	psid	psid	psid	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	psid
Time: 1:40PM	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" 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"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	open <input type="checkbox"/>			
Repairs and Materials Used**	Main: <u>    </u> Bypass: <u>    </u>					
<b>Test After Repair</b>	Held at <u>    </u> psid	Held at <u>    </u> psid	Opened at <u>    </u> psid	Held at <u>    </u> psid	Opened at <u>    </u> psid	Held at <u>    </u> psid
Date:	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	psid	Closed Tight <input type="checkbox"/>		psid
Time:						

\*\*\* 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	SN: 10150482	Date tested for accuracy : 10/7/2019

Remarks:	

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