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

The following form mu				d and dated original m	ust be subm	itted to the p	oublic water supplier	for reco	ordkeeping *purpo	oses:	
NAME OF PWS:		City of Leander									
PWS ID#:		2460012									
PWS MAILING ADDRESS:		P O Box 319, Leander, TX 78646									
PWS CONTAC	Christi Williams										
ADDRESS OF S			08 Crystal Falls Parkway etailed below has been tested and maintained as required by commission regulations								
					d maintai	ined as re	equired by comi	nissic	on regulations	S	
and is certified to											
				W PREVENTI					1_1		
	le (RPBA)		Reduced Pressure Principle-Detector (RPBA-D)  Type II								
☐ Double C	CVA)		Double Check-Detector (DCVA-D)  Type II								
Pressure Vacuum Breaker (PVB)											
Manufacturer:	Bypas		Size:		Main: 1" Bypass:						
Model Number:	Main: 850	Bypas			BPA Location:		91NE				
Serial Number:	SL76 Bypass:			BPA S	BPA Serves: Reside		dential Landscape Irrigation				
Reason for test:	New 🛭 I	Existing	F	Replacement [	Old M	odel/Seri	ial#		COLO CHENICAL ESCRIPTION		
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?											
Is the assembly i	r supp	oly (auxiliary)?	?				Yes 🛮 No	)			
TEST RESULT					Tvr	e II			<del></del>		
TEST RESCET	Reduced Pressure Principle Assemb			lv (RPBA)	Assembly		PVB & S		SVB		
D. CC 41		-	1	, 1255							
PASS		OCVA		Relief Valve	Bypass Check		Air Inlet		Check Valve		
FAIL	1st Check	2 <sup>nd</sup> Check*	***	Rener valve	Буразз	CHECK	All linet		Check va	1100	
Initial Test	Held at Z 3 psi	d Held at 2	psid	Opened at	Held at	psid	Opened at	psid	Held at		
Date: 9 03.21	Closed Tight Closed Tight			psid				1 1			
Time: ZACP	Leaked $\Box$	Leaked	石	Did not	Leaked		Did it fully open		Leaked		
	Leaked	Leaked		open 🔲	Leakeu		(Yes □ /No □	-1			
Danaira and	Main							7			
Repairs and Main: Materials											
Used**	Bypass:										
		1	1		xx 11 .		0 1 1	.,	xx 11	-	
Test After		d Held at	psid		Held at _	psid	Opened at	psid	Held at	_	
Repair	Closed Tight	LClosed Tigh	ıt 📙	psid	Closed	<b>-</b> l			psia		
Date: Time:					Tight	]					
Time.	*** 2nd check	numeric readir	no rea	uired for DCVA	only						
Differential pres	is req	Potable: 2	Non-Potable:								
1 0 0			SN:						04/01/2021		
Remarks:	None.				WI I SHE						
Remarks.	None.										
						ne 17.00-90-2007-01					
Company Name	Services Inc.		Licensed Tester	r Name Lewis R. Sinclair							
				(Print/Type):							
Company Addre	ss:   Cedar Par	Cedar Park, TX 78613		Licensed Tester Name (Signature):							
Company Phone #: 512-563-8762 BPAT License # BP0002815											
		a .	t to the same	License Expirat		. 02/1	2/2023				

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