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

| The following form m | ust be completed for ea | ch assembly tested | l. A sign | ed and dated original | must be submitted to the | public water supplier for rec | cordkeeping *purposes: | |
|--|----------------------------------|---|--------------------------------|---|--------------------------|--|--|--|
| NAME OF PWS: | | ach assembly tested. A signed and dated original must be submitted to the public water supplier for recordkeeping *purposes: City of Leander | | | | | | |
| PWS ID#: | | 2460012 | | | | | | |
| | | | P O Box 319, Leander, TX 78646 | | | | | |
| PWS CONTACT PERSON: Christi Willia | | | | | | | | |
| ADDRESS OF | | 4633 Port G | | | | | | |
| and is certified to | evention assemb | ly detailed be | low ha | as been tested ar | nd maintained as r | equired by commissi | on regulations | |
| and is certified to | | | | | TON ACCEMENT | V (DDA). | | |
| TYPE OF BACKFLOW PREVENTION ASSEMBLY (BPA): Reduced Pressure Principle (RPBA) Reduced Pressure Principle-Detector (RPBA-D) Type II | | | | | | | | |
| D 11 01 1771 (D 0771) | | | - | | | | | |
| Pressure Vacuum Breaker (PVB) | | | | Double Check-Detector (DCVA-D) Type II | | | | |
| Pressure Vacuum Breaker (PVB) | | | | | | | | |
| Manufacturer: | Main: Febco | Вура | ss: | | Size: | Main: 1" | Bypass: | |
| Model Number: Main: 850 | | Bypass: | | | BPA Location: | | of meter. | |
| Serial Number: | Main: 14 CC | 150 Bypa | ss: | | BPA Serves: | Residential Landso | | |
| | | , | | | | | | |
| Reason for test: | New 🛛 E | existing | | Replacement [| ☐ Old Model/Ser | ial# | | |
| Is the assembly | | | | | | | Yes No | |
| In the accomply installed an annual 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | | |
| | | - Possolo Wall | - sup | p.j (duminary): | | | Yes No | |
| TEST RESULT | Reduced Pressure Principle Assem | | | 1 (DDD 4) | Type II | PVB & SVB | | |
| 154 | | | | oly (RPBA) ¬ | Assembly | | | |
| PASS A | D | CVA | | | | | | |
| FAIL 🗆 | 1st Check | 2 nd Check | *** | Relief Valve | Bypass Check | Air Inlet | Check Valve | |
| Initial Test | Held at psid | Held at | psid | Opened at | Held at psid | Opened at psid | Held at | |
| Date: 11.1221 | Closed Tight | Closed Tight | | psid | Closed Tight | Did not open | psid | |
| Time: ZOSP | Leaked | Leaked | | Did not | Leaked \square | Did it fully open | Leaked | |
| | , , | | 1 2 | open \square | | (Yes □ /No □) | | |
| Repairs and | Main: 7.1 | A. 1/6 | 1 | 1 / 6210 | IN SPRIN | 10 | JL | |
| Materials | 444 | ALL ALL | וקא | ב ל בר בין | en all lit | 3 | | |
| Used** | Bypass: | - | , | | | | | |
| Test After | Held at 2, Psic | Held at 2 | psid | Opened at | Held at psid | Opened at psid | Held at | |
| Repair | Closed Tight | | | | Closed | opened atpsid | psid | |
| Date: \$11721 | | Total Tigi | | 1 | Tight □ | | 1 | |
| Time: 7.238 | | | | | 1.g., _ | | | |
| | *** 2 nd check: 1 | numeric readi | ng req | uired for DCVA | only | A STATE OF THE STA | | |
| Differential pressure gauge used: | | | | Potable: Non-Potable: | | | | |
| Make/Model: BacFloUnlimited/BacFlo3 SN: | | | | | | | 04/01/2021 | |
| | | | | 1 | | | 0 11 0 11 2 0 2 1 | |
| Remarks: | None. | | | | | | | |
| | | | | | | | Sharawani wa mana a sana a | |
| | | | | | | | | |
| Company Name: L Sinclair Services Inc. | | | | Licensed Tester Name Lewis R. Sinclair | | | | |
| | | - | | (Print/Type): | | | | |
| Company Address | S: Cedar Park, TX 78613 | | | Licensed Tester Name (Signature): | | | | |
| | | | | | | Lung | Kunkas | |
| Company Phone | #: 512-563-8762 <u> </u> | | | BPAT License # BP0002815 | | | | |
| His construction and the construction of the c | | | | License Expiration Date: 02/12/2023 | | | | |

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