

**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:         |                      |
| PWS ID#:             |                      |
| PWS MAILING ADDRESS: |                      |
| PWS CONTACT PERSON:  |                      |
| ADDRESS OF SERVICE:  | 19308 Splendor Court |

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: | 7 <sup>1</sup> W                 | Of Meter |
| Serial Number: | Main: HG04243 | Bypass: | BPA Serves:   | Residential Landscape 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 |

| TEST RESULT  | 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><br>Date: 07/27/22<br>Time: 2:55P   | Held at 2.4 psid<br>Closed Tight <input checked="" type="checkbox"/><br>Leaked <input type="checkbox"/> | Held at 2.6 psid<br>Closed Tight <input checked="" type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at _____ psid<br>Did not open <input type="checkbox"/> | Held at _____ psid<br>Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at _____ psid<br>Did not open <input type="checkbox"/><br>Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/> | Held at _____ psid<br>Leaked <input type="checkbox"/> |
| Repairs and Materials Used**                           | Main: _____<br>Bypass: _____  |   |   |  |   |   |
| <b>Test After Repair</b><br>Date: _____<br>Time: _____ | Held at _____ psid<br>Closed Tight <input type="checkbox"/>   | Held at _____ psid<br>Closed Tight <input type="checkbox"/>   | Opened at _____ psid  | Held at _____ psid<br>Closed Tight <input type="checkbox"/>                                    | Opened at _____ psid  | Held at _____ psid                                    |

\*\*\* 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: BACFLOUn/BAC-Flo-3    | SN: 03162474                                 | Date tested for accuracy: 03/22/2022  |

|          |      |
|----------|------|
| Remarks: | None |
|----------|------|

|                  |                          |                                    |   |
|------------------|--------------------------|------------------------------------|---|
| Company Name:    | L Sinclair Services Inc. | Licensed Tester Name (Print/Type): | Lewis R. Sinclair   |
| Company Address: | Cedar Park, TX 78613     | Licensed Tester Name (Signature):  |  |
| Company Phone #: | 512-563-8762             | BPAT License #                     | BP0002815   |
|                  |                          | 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