

Texas Commission on Environmental Quality
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:	City of Kyle
PWS ID#:	1050002
PWS MAILING ADDRESS:	520 E RR 150, Kyle, Texas 78640
PWS CONTACT PERSON:	Backflow
ADDRESS OF SERVICE:	269 Pigeon River Rd, Kyle, TX 78640

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: <u>Felco</u>	Bypass:	Size:	Main: <u>1"</u>	Bypass:
Model Number:	Main: <u>850</u>	Bypass:	BPA Location:	<u>front of meter</u>	
Serial Number:	Main: <u>H662673</u>	Bypass:	BPA Serves:	<u>Immigration - City Potable</u>	

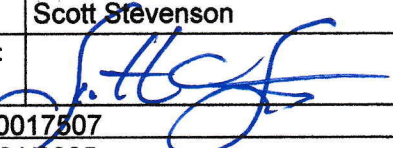
Reason for test:	New <input checked="" type="checkbox"/>	Existing <input type="checkbox"/>	Replacement <input type="checkbox"/>	Old Model/Serial #
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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"/>						
Initial Test Date: <u>6/26/23</u> Time: <u>9:58 am</u>	Held at <u>1.4</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at <u>2.4</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/> open <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/> Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/>	Held at _____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used**	Main: _____ Bypass: _____					
Test After Repair Date: _____ Time: _____	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Held at _____ psid

*** 2nd check: numeric reading required for DCVA only

Differential pressure gauge used:	Potable: <input checked="" type="checkbox"/>	Non-Potable: <input type="checkbox"/>
Make/Model: <u>Bac Flo 5</u>	SN: <u>06163433</u>	Date tested for accuracy: <u>10/11/2022</u>

Remarks:	

Company Name:	Safety Plus Services, LLC	Licensed Tester Name (Print/Type):	Scott Stevenson
Company Address:	102 Wonder World Drive #304-522, San Marcos, TX 78666	Licensed Tester Name (Signature):	
Company Phone #:	512-300-9659	BPAT License #	BP0017807
		License Expiration Date:	12/21/2025

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