## Texas Commission on Environmental Quality BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT ust be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record

| The following form   | nust be | completed for each                             | assembly tested  | d. A signed | d and dated original m                               | ust be submit       | tted to the pu         | iblic water supplier                      | for reco                   | rdkeepir    | ig *purposes: |
|--|---------|--|--|-------------|--|---------------------|------------------------|---|----------------------------|-------------|---------------|
| NAME OF PWS:   |         |  | Southwest Milam Water Supply Corporation   |             |  |                     |                        |   |                            |             |               |
| PWS ID#:   |         |  | 1660015  |             |  |                     |                        |   |                            |             |               |
| PWS MAILING ADDRESS:   |         |  | 706 E Caneron Ave. Rockdale, TX 76567  |             |  |                     |                        |   |                            |             |               |
| PWS CONTACT PERSON:  |         |  | Backflow Inspections   |             |  |                     |                        |   |                            |             |               |
| ADDRESS OF SERVICE:  |         |  | 4301 CR 424, Thrall, TX 76578  |             |  |                     |                        |   |                            |             |               |
|  |         |  | ly detailed below has been tested and maintained as required by commission regulations |             |  |                     |                        |   |                            |             |               |
| and is certified   | to be   | operating with                                 | hin acceptał   | ole para    | meters.  |                     |                        |   |                            | -           |               |
|  |         |  |  | KFLO        | W PREVENT  | ON ASS              | EMBLY                  | (BPA):                                    |                            |             |               |
| Reduce   | d Pres  | sure Principle                                 | e (RPBA)   |             | Reduced Pressure Principle-Detector (RPBA-D) Type II |                     |                        |   |                            |             |               |
| Double Check Valve (DCVA)  |         |  |  |             | Double Check-Detector (DCVA-D) Type II               |                     |                        |   |                            |             |               |
| Pressure Vacuum Breaker (PVB)  |         |  |  |             | Spill-Resistant Pressure Vacuum Breaker (SVB)        |                     |                        |   |                            |             |               |
| Manufacturer:  | N       | fain: Apollo                                   |  | Вура        | ass: Size: Main: 1" Bypass:                          |                     |                        |   |                            |             | 3:            |
| Model Number: Main: RP4A   |         |  | Bypass:  |             |  | BPA Location: Le    |                        | Left front cor                            | Left front corner of house |             |               |
| Serial Number: Main 50651C   |         |  |  | Bypass:     |  |                     | BPA Serves: Irrigation |   |                            |             |               |
|  |         |  |  |             |  |                     |                        |   |                            |             |               |
| Reason for test: New Existing Replacement Old Model/Serial #         |         |  |  |             |  |                     |                        |   |                            |             |               |
|  | 111     |  | -  |             | 1  |                     |                        |   |                            | Vaa         | □ No          |
|  |         |  |  |             |  |                     |                        |   |                            |             |               |
| Is the assembly installed on a non-potable water supply (auxiliary)? |         |  |  |             |  |                     |                        |   |                            |             |               |
| TEST RESULT<br>Reduced Pressi  |         |  | are Principle Assemb   |             | lv (RPBA)  | Type II<br>Assembly |                        | PVB & SVB                                 |                            |             |               |
|  |         |  |  |             | rissemery  |                     |                        |   |                            |             |               |
| PASS   |         | DCVA   |  |             | Relief Valve   | Bypass Check        |                        | Air Inlet                                 |                            | Check Valve |               |
| FAIL   |         | 1 <sup>st</sup> Check 2 <sup>nd</sup> Check*** |  |             |  |                     |                        |   |                            |             |               |
| Initial Test Held at 8.2   |         | d at8.2  | Held at psid   |             | Opened at  |                     |                        | Opened at                                 | psid Held at               |             | at            |
| Date: 2/6/2022   | psid    |  | Closed Tigh  | nt 🛛        | 3.4_ psid  | f                   |                        | Did not open Did psid                     |                            |             |               |
| Time: 1:30PM   |         |  |  |             | Did not  | -                   |                        | Did it fully open Leaked                  |                            |             | d 🗆           |
|  |         |  |  | []          | open   |                     |                        | $(\text{Yes} \square /\text{No} \square)$ |                            |             |               |
| Repairs and  | Mai     |  | <u> </u>   |             | <u> </u>   |                     |                        |   | P                          |             |               |
| Repairs and Main:<br>Materials                                       |         |  |  |             |  |                     |                        |   |                            |             |               |
| Used**   |         |  |  |             |  |                     |                        |   |                            |             |               |
|  |         |  |  | 1           |  | [                   | 1                      |   |                            |             |               |
| <u>Test After</u>  | Hele    | •  | Held at  | psid        | Opened at  | Held at             | psid                   | Opened at                                 | psid                       | Held a      | it            |
| <u>Repair</u>  | Clo     | sed Tight 🛛                                    | Closed Tig   | sht 🔲       | psid   | Closed              | 1                      |   |                            | psid        |               |
| Date:<br>Time:   |         |  |  |             |  | Tight 🛛             | ]                      |   |                            |             |               |
| Time.  |         | * Ond 1 1                                      | · 1  |             |  | 1                   |                        |   |                            |             |               |
| *** 2 <sup>nd</sup> check: numeric reading required for DCVA only    |         |  |  |             |  |                     |                        |   |                            |             |               |
| Differential pressure gauge used:                                    |         |  |  |             | Potable: Non-Potable:                                |                     |                        |   |                            |             | 2022          |
| Make/Model:Mid West 845SN:10150482Date tested for accuracy:10/4/2023 |         |  |  |             |  |                     |                        |   |                            |             |               |
| Remarks:   |         |  |  |             |  |                     |                        |   |                            |             |               |
|  |         |  |  |             |  |                     |                        |   |                            |             |               |
| Company Name: Safewater  |         |  |  |             | Licensed Tester Name Brad Weyant                     |                     |                        |   |                            |             |               |
| Company Address: DO Doy 44   |         |  |  |             | (Print/Type):<br>Licensed Tester Name (Signature):   |                     |                        |   |                            |             |               |
| 1 <b>1 1</b>   |         | PO Box 4002 Austin, TX<br>78765                |  | Δ           | Licenseu rester wante (Signature).                   |                     |                        |   |                            |             |               |
|  |         |  | 0700   |             | BPAT License # BP0016935                             |                     |                        |   |                            |             |               |
|  | IC #:   | 512-605-9790                                   |  |             |  |                     |                        |   |                            |             |               |
|  |         |  |  |             | License Expiration Date: 12/3/2024                   |                     |                        |   |                            |             |               |

**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