

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:	Mike Morrison (737) 877-2927
ADDRESS OF SERVICE:	Always 138 Pigeon River Rd.

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>Feeco</u>	Bypass:	Size:	Main: <u>1"</u>	Bypass:
Model Number:	Main: <u>850</u>	Bypass:	BPA Location:	<u>8' Post Meter toward house</u>	
Serial Number:	Main: <u>H663283</u>	Bypass:	BPA Serves:	<u>Irrigation</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
	1st Check	2nd Check***				
PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/>	Held at <u>2.2</u> psid	Held at <u>2.1</u> psid	Opened at _____ psid	Held at _____ psid	Opened at _____ psid	Held at _____ psid
Initial Test Date: <u>6/9/23</u> Time: <u>10:10am</u>	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	psid Did not open <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	psid Leaked <input type="checkbox"/>
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	open <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/>	
Repairs and Materials Used**	Main: _____ Bypass: _____					
Test After Repair Date: _____ Time: _____	Held at _____ psid	Held at _____ psid	Opened at _____ psid	Held at _____ psid	Opened at _____ psid	Held at _____ psid
	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		Closed Tight <input type="checkbox"/>		

*** 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>Watts TK-99E</u>	SN: <u>574997</u>	Date tested for accuracy: <u>1/19/23</u>

Remarks: _____

Company Name:	<u>H2FLOW</u>	Licensed Tester Name (Print/Type):	<u>Thomas Money</u>
Company Address:	<u>100 Antlers Trail Leander, TX 78641</u>	Licensed Tester Name (Signature):	
Company Phone #:	<u>(512) 259-5296</u>	BPAT License #	<u>BPCO 16285</u>
		License Expiration Date:	<u>1/6/24</u>

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