

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 Leander
PWS ID#:	2460012
PWS MAILING ADDRESS:	P. O. Box 319, Leander, TX 78646
PWS CONTACT PERSON:	Christi Williams
ADDRESS OF SERVICE:	1705 Mexican Heather Dr

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: Apollo	Bypass:	Size:	Main: 1"	Bypass:
Model Number:	Main: DC4A	Bypass:	BPA Location:	6' SSW of meter	
Serial Number:	Main: 64284C	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> Date: 02/08/24 Time: 2:35PM	Held at 2.3 psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at 2.0 psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not 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 checked="" type="checkbox"/> )	Held at _____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used**	Main: _____ Bypass: _____					
<b>Test After Repair</b> 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

\*\*\* 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:	BacFloUnlimited/BacFlo3	SN: 03162474
Date tested for accuracy:	03/16/2023	

Remarks:	Supply line pressure: -- psi
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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:	02/12/2026

**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