

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:	Headwaters MUD of Hays County
PWS ID#:	4421088
PWS MAILING ADDRESS:	2601 Forest Creek Drive, Round Rock, Texas 78665
PWS CONTACT PERSON:	Backflow
ADDRESS OF SERVICE:	561 Moonlit Stream Dr, Dripping Springs, Texas 78665

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:	Front left - 10' from meter	
Serial Number:	Main: HG22915	Bypass:	BPA Serves:	Irrigation - City Potable	

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	Held at 2.2 psid	Held at 2.3 psid	Opened at _____ psid	Held at _____ psid	Opened at _____ psid	Held at _____ psid
Date: 03/22/23	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	psid	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	psid
Time: 5:29 pm	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/>)	Leaked <input type="checkbox"/>
Repairs and Materials Used**	Main: _____ Bypass: _____					
Test After Repair	Held at _____ psid	Held at _____ psid	Opened at _____ psid	Held at _____ psid	Opened at _____ psid	Held at _____ psid
Date:	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	psid	Closed Tight <input type="checkbox"/>		psid
Time:				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: Bac Flo 5	SN: 06163433	Date tested for accuracy: 10/11/2022

Remarks:	

Company Name:	Safety Plus Services, LLC	Licensed Tester Name (Print/Type):	Scott Stevenson
Company Address:	102 Wonder World Drive #304-522, 78666	Licensed Tester Name (Signature):	<i>Scott Stevenson</i>
Company Phone #:	512-300-9659	BPAT License #	BP0017507
		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