

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 West Lake Hills
PWS ID#:	TX2270001
PWS MAILING ADDRESS:	911 Westlake Dr. West Lake Hills, TX 78746
PWS CONTACT PERSON:	Backflows
ADDRESS OF SERVICE:	800 Rock Creek Dr. West Lake Hills, TX 78746

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:	Right back corner of house 15 feet from fence	
Serial Number:	Main 53274C	Bypass:	BPA Serves:	Irrigation	


Reason for test:	New <input checked="" type="checkbox"/>	Existing <input type="checkbox"/>	Replacement 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		
PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/>	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
	1st Check	2nd Check***				
Initial Test Date: 5/31/2024 Time: 10:00AM	Held at 2.2 psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at 2.1 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 type="checkbox"/>	Held at _____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used**	Main: Flushed debris 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:	MidWest 845	SN: 09231317
Date tested for accuracy:		3/14/2024

Remarks:	

Company Name:	Safewater Backflow	Licensed Tester Name (Print/Type):	Brad Weyant
Company Address:	PO Box 4002 Austin, TX 78765	Licensed Tester Name (Signature):	
Company Phone #:	512-605-9790	BPAT License #	BP0016935
		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