

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:	856 Willie Ranch Way

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' E of meter	
Serial Number:	Main: 53308C	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 st Check	2 nd Check***				
PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/>	Held at 2.3 psi <input type="checkbox"/>	Held at 2.4 psi <input type="checkbox"/>	Opened at _____ psi <input type="checkbox"/>	Held at _____ psi <input type="checkbox"/>	Opened at _____ psi <input type="checkbox"/>	Held at _____ psi <input type="checkbox"/>
	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Did not open <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	psid <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	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 _____ psi <input type="checkbox"/>	Held at _____ psi <input type="checkbox"/>	Opened at _____ psi <input type="checkbox"/>	Held at _____ psi <input type="checkbox"/>	Opened at _____ psi <input type="checkbox"/>	Held at _____ psi <input type="checkbox"/>
Date: _____	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	psid <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		
Time: _____						

*** 2nd 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

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