

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:

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| NAME OF PWS: | West Bastrop Village MUD |
| PWS ID#: | TX 0110064 |
| PWS MAILING ADDRESS: | 919 Congress Avenue, Suite 1500, Austin, TX 78701. |
| PWS CONTACT PERSON: | Backflows |
| ADDRESS OF SERVICE: | 139 Weaver Ln. Bastrop, TX 78602 |

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: | Left front yard 5 feet from meter | |
| Serial Number: | Main 83075C | Bypass: | BPA Serves: | Irrigation | |


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|---|---|-----------------------------------|--------------------------------------|---|--|
| 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"/> | | | | | | |
| Initial Test Date: 5/17/2024 Time: 3:00PM | Held at 1.8_ 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 type="checkbox"/> | Held at ____ psid Leaked <input type="checkbox"/> |
| Repairs and Materials Used** | Main: 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 |

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| Remarks: | |
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|------------------|------------------------------|------------------------------------|---|
| 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