

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: | City Of Leander |
| PWS ID#: | 2460012 |
| PWS MAILING ADDRESS: | P. O. Box 319, Leander, TX 78646 |
| PWS CONTACT PERSON: | Christi Williams |
| ADDRESS OF SERVICE: | 2113 Stampede 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: | 8' E of meter | |
| Serial Number: | Main: 85341C | Bypass: | BPA Serves: | Residential Landscape Irrigation | |

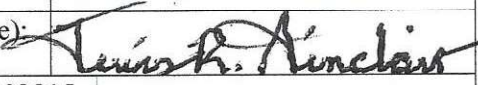
| | | | | |
|---|---|-----------------------------------|--------------------------------------|---|
| Reason for test: | New <input checked="" type="checkbox"/> | Existing <input type="checkbox"/> | Replacement <input type="checkbox"/> | Old Model/Serial # |
| Is the assembly installed in accordance 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"/> | | | | | | |
| Initial Test Date: 05/30/24 Time: 1:15PM | Held at 1.8 psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> | Held at 1.5 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/845-3 | SN: 10200408 | Date tested for accuracy : 02/27/2024 |

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| 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