Texas Commission on Environmental Quality BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

 $The following form \, must \, be \, completed \, for \, each \, assembly \, tested. \, A \, signed \, and \, dated \, original \, must \, be \, submitted \, to \, the \, public \, water \, supplier for record keeping \, *purposes: \, and \, assembly \, tested \, assembly \, tested \, assembly \, tested \, and \, assembly \, tested \, and \, assembly \, tested \, assembly \, tested \, and \, assembly \, tested \, assembly$

| NAME OF PWS: | | | Dripping Springs WSC | | | | | | |
|--|-----------|---|--|----------|--|--|-----------------------------------|-------------------|--|
| PWS ID#: | | | 1050013 | | | | | | |
| PWS MAILING ADDRESS: | | | 101 Hays St. Ste. 406 Dripping Springs, TX 78620 | | | | | | |
| PWS | CONTAC' | Γ PERSON: | Cory Taylor | | | | | | |
| ADDRESS OF SERVICE: 219 Kings Pine Dr. Dripping Springs, TX 787620 | | | | | | | | | |
| 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): | | | | | | | | | |
| | Reduced | Reduced Pressure Principle (RPBA) Reduced Pressure Principle-Detector (RPBA-D) Type II | | | | | | | |
| | | <u> </u> | , <u> </u> | | Double Check-Detector (DCVA-D) Type II □ | | | | |
| | Pressure | Vacuum Break | er (PVB) | | Spill-Resistant | oill-Resistant Pressure Vacuum Breaker (SVB) | | | |
| Manu | facturer: | Main: Apollo | | Bypas | s: Size: Main: 1" Bypass: | | | | |
| Model Number: | | | | Bypas | | BPA Location: | Left front yard 5 feet from meter | | |
| Serial Number: | | | | Bypass | | BPA Serves: | Irrigation | | |
| | | | | | | | | | |
| Reason for test: New ⊠ Existing □ Replacement □ Old Model/Serial # | | | | | | | | | |
| Is the assembly installed in accordance with manufacturer recommendations and/or local codes? Yes No | | | | | | | | | |
| | | | | | | | | | |
| | | instaned on a r | on-potable v | water st | ippiy (auxiliary | (): | | ☐ Yes No | |
| TEST | RESULT | | | | | Type II | | | |
| | | Reduced Press | ure Principle | e Assen | nbly (RPBA) | Assembly | PVB & SVB | | |
| PASS 🖾 | | DCVA | | | | | | | |
| FAIL | | 1st Check 2nd Check*** | | ck*** | Relief Valve | Bypass Check | Air Inlet | Check Valve | |
| | | | 11-11-4 2 | Oxx:1 | 0 | TT-14 -4:4 | 01 | | |
| Initial Test Date: 5/31/2024 | | Held at 1.7 psid | _ | | Opened at psid | | | | |
| Time: 10:50AM | | Closed Tight Closed Tight | | | Did not | | | 1* | |
| | | Leaked [| Leaked Leaked | | | Leaked \Box | open Did | | |
| | | | | | open \square | II II | fully open (Ye | es 📙 📗 | |
| | | | | | | | /No 🗆) | | |
| Repair | rs and | Main: | | | <u> </u> | , | | ļ. | |
| Materi | | | | | | | | | |
| Used* | * | Bypass: | | | | | | | |
| Test After Held at psid Held at psid Opened at Held at psid Opened at psid Held at psi | | | | | | | | | |
| Repai | | Closed Tight [| II | - | psid | Closed | Opened at | _ psid ricid at | |
| Date: | 1 | Closed Hight L | Liosed 11 | ignt 🗀 | Pola | | | Pola | |
| Time: | | | | | | Tight \square | | | |
| *** 2 nd check: numeric reading required for DCVA only | | | | | | | | | |
| Differential pressure gauge used: Potable: Non-Potable: □ | | | | | | | | | |
| 1 0 0 | | | | | 09231317 | | ted for accura | | |
| Remarks: | | | | | | | | | |
| Remarks. | | | | | | | | | |
| | | | | | | | | | |
| Company Name: Safewater Backflow | | | | | Licensed Tester Name (Print/Type): Brad Weyant | | | | |
| | any Addre | | | | , , , | | | | |
| | , | 111,0,00 | | | IN IN | | | | |
| Comp | any Phone | #: 512-605-9790 | | | BPAT Lice | BPAT License # BP0016935 | | | |
| License Expiration Date: 12/3/2024 | | | | | | | | | |
| The share the state of the stat | | | | | | | | | |

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