

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:	DRIPPING SPRINGS WSC
PWS ID#:	1050013
PWS MAILING ADDRESS:	101 HAYS St. Ste. 410 DRIPPING SPRINGS
PWS CONTACT PERSON:	CORALIN TAYLOR TX. 78620
ADDRESS OF SERVICE:	374 Comfort Maple

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: DCVA	Bypass:	BPA Location:	15' Left of meter	
Serial Number:	Main: 53582C	Bypass:	BPA Serves:	Irrigation	


Reason for test:	New <input checked="" type="checkbox"/>	Existing <input type="checkbox"/>	Replacement <input type="checkbox"/>	Old Model/Serial # <input type="checkbox"/>
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" Check	2nd Check***				
PASS <input checked="" type="checkbox"/>						
FAIL <input type="checkbox"/>						
Initial Test Date: 10/20/23 Time: 3:00pm	Held at 1.9 psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at 1.8 psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input type="checkbox"/> 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: Watts TR-99E	SN: 574997	Date tested for accuracy: 1/19/23

Remarks:	

Company Name:	A2Flow	Licensed Tester Name (Print/Type):	Thomas Money
Company Address:	100 Antlers Trl Leander, TX 78641	Licensed Tester Name (Signature):	
Company Phone #:	(512) 259-5296	BPAT License #	BP0016285
		License Expiration Date:	1/6/24

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