

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:	508 Raglands Rd

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:	7' SSW of meter	
Serial Number:	Main: 82602C	Bypass:	BPA Serves:	Residential Landscape Irrigation	

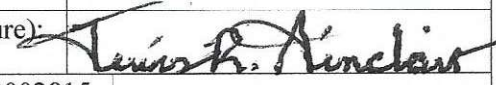
Reason for test:	New <input checked="" type="checkbox"/>	Existing <input type="checkbox"/>	Replacement <input type="checkbox"/>	Old Model/Serial #
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 0.0 psi	Held at ___ psi	Opened at ___ psi	Held at ___ psi	Opened at ___ psi	Held at ___ psi
Initial Test Date: 05/14/24 Time: 12:15PM	Closed Tight <input type="checkbox"/> Leaked <input checked="" type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/> Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/>	Leaked <input type="checkbox"/>
Repairs and Materials Used**	Main: Flush Bypass:					
Test After Repair Date: 05/14/24 Time: 12:20PM	Held at 2.3 psi Closed Tight <input checked="" type="checkbox"/>	Held at 2.2 psi Closed Tight <input checked="" type="checkbox"/>	Opened at ___ psi	Held at ___ psi Closed Tight <input type="checkbox"/>	Opened at ___ psi	Held at ___ psi

*** 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

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