

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:	City Of Leander
PWS ID#:	2460012
PWS MAILING ADDRESS:	P. O. Box 319, Leander, TX 78646
PWS CONTACT PERSON:	Christi Williams
ADDRESS OF SERVICE:	1221 Jolie Rose Bend

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:	5' SSW of meter	
Serial Number:	Main: 88946C	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 <sup>st</sup> Check	2 <sup>nd</sup> Check***				
<b>PASS</b> <input checked="" type="checkbox"/>  <b>FAIL</b> <input type="checkbox"/>	Held at 0.0 psid	Held at ___ psid	Opened at ___ psid	Held at ___ psid	Opened at ___ psid	Held at ___ psid
Date: 06/27/24 Time: 12:50PM	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did not open <input type="checkbox"/>	Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/> )
Leaked <input checked="" type="checkbox"/>	Leaked <input type="checkbox"/>	open <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	
Repairs and Materials Used**	Main: Flush debris Bypass:					
<b>Test After Repair</b> Date: 06/27/24 Time: 12:55PM	Held at 2.0 psid	Held at 2.1 psid	Opened at ___ psid	Held at ___ psid	Opened at ___ psid	Held at ___ psid
	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>		Closed Tight <input type="checkbox"/>		

\*\*\* 2<sup>nd</sup> 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

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