

071124 HHS-Bryson TMRs (3).pdf



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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

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:	1605 Palo Verde Way

The backflow prevention assembly detailed below has been tested and maintained as required by commis 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)
<input checked="" type="checkbox"/>	Double Check Valve (DCVA)	<input type="checkbox"/>	Double Check-Detector (DCVA-D)
<input type="checkbox"/>	Pressure Vacuum Breaker (PVB)	<input type="checkbox"/>	Spill-Resistant Pressure Vacuum Breaker (SVB)

Manufacturer:	Main: Apollo	Bypass:	Size:	Main: 1"
Model Number:	Main: DC4A	Bypass:	BPA Location:	5' SW of meter
Serial Number:	Main: 82802C	Bypass:	BPA Serves:	Residential Lane

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?				
Is the assembly installed on a non-potable water supply (auxiliary)?				

TEST RESULT	Reduced Pressure Principle Assembly (RPBA)			Type II Assembly	PVB
	DCVA		Relief Valve	Bypass Check	Air Inlet
<b>PASS</b> <input checked="" type="checkbox"/>	1 <sup>st</sup> Check	2 <sup>nd</sup> Check***			
<b>FAIL</b> <input type="checkbox"/>					
<b>Initial Test</b> Date: 07/11/24 Time: 12:20PM	Held at 2.2 psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at 2.0 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"/> )
Repairs and Materials Used**	Main: _____ Bypass: _____				
<b>Test After Repair</b> 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

\*\*\* 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 :