

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. 406 Dripping Springs Tx 78620
PWS CONTACT PERSON:	Coralin Taylor
ADDRESS OF SERVICE:	206 Crosswater Lane , Dripping Springs, TX 78620

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)
<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:	Apollo	Size:	1"
Model Number:	DC4A	BPA Location:	Front Left 5' from meter
Serial Number:	85647C	BPA Serves:	Irrigation -w/City Potable

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)			PVB & SVB	
	DCVA		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check***			
PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/>	Held at 2.0 psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at 2.2 psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ___ psid Did not open <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"/>
Initial Test Date: 08/15/2024 Time: 4:27 pm					
Repairs and Materials Used**					
Test After Repair Date: Time:	Held at ___ psid Closed Tight <input type="checkbox"/>	Held at ___ psid Closed Tight <input type="checkbox"/>	Opened at ___ psid	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: Bac Flo 5	SN: 06163433	Date tested for accuracy : 10/11/2023

Remarks:	

Company Name:	Safety Plus Services, LLC	Licensed Tester Name (Print/Type):	Scott Stevenson
Company Address:	102 Wonder World Drive #304-522 San Marcos, TX 78666	Licensed Tester Name (Signature):	<i>Scott Stevenson</i>
Company Phone #:	512-300-9659	BPAT License #	BP0017507
		License Expiration Date:	12/19/2025

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