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:	Resident
PWS ID#:	Resident
PWS MAILING ADDRESS:	2141 CR 280 Leander, TX 78641
PWS CONTACT PERSON:	Resident
ADDRESS OF SERVICE:	2141 CR 280 Leander, TX 78641

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):				
☒	Reduced Pressure Principle (RPBA)	☐	Reduced Pressure Principle-Detector (RPBA-D)	Type II ☐
☐	Double Check Valve (DCVA)	☐	Double Check-Detector (DCVA-D)	Type II ☐
☐	Pressure Vacuum Breaker (PVB)	☐	Spill-Resistant Pressure Vacuum Breaker (SVB)	

Manufacturer:	Main: Apollo Bypass:	Size:	Main: 1" Bypass:
Model Number:	Main: RP4A Bypass:	BPA Location:	Right back corner of back yard along fence
Serial Number:	Main 48554C Bypass:	BPA Serves:	Irrigation with ossf

Reason for test:	New **X**	Existing ☐	Replacement Old Model/Serial #
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?	☒ Yes	☐ No	
Is the assembly installed on a non-potable water supply (auxiliary)?	☐ Yes	☒ No	

TEST RESULT	Reduced Pressure Principle Assembly (RPBA)			Type II Assembly	PVB & SVB	
PASS ☒	DCVA		Relief Valve	Bypass Check	Air Inlet	Check Valve
FAIL ☐	1st Check	2nd Check***				
Initial Test Date: 6/19/2024 Time: 3:30PM	Held at 7.8 psid Closed Tight ☒ Leaked ☐	Held at __ psid Closed Tight ☒ Leaked ☐	Opened at 3.4 psid Did not open ☐	Held at _____ psid Closed Tight ☐ Leaked ☐	Opened at _ psid Did not open ☐ Did it fully open (Yes ☐ /No ☐)	Held at __ psid Leaked ☐
Repairs and Materials Used**	Main: Flushed debris Bypass:					
Test After Repair Date: Time:	Held at _____ psid Closed Tight ☐	Held at _____ psid Closed Tight ☐	Opened at ____ psid	Held at _____ psid Closed Tight ☐	Opened at _____ psid	Held at _____ psid

*** 2nd check: numeric reading required for DCVA only

Differential pressure gauge used:			Potable: ☒	Non-Potable: ☐	
Make/Model:	MidWest 845	SN:	09231317	Date tested for accuracy:	3/14/2024

Remarks:	

Company Name:	Safewater Backflow	Licensed Tester Name (Print/Type):	Brad Weyant
Company Address:	PO Box 4002 Austin, TX 78765	Licensed Tester Name (Signature):	
Company Phone #:	512-605-9790	BPAT License #	BP0016935
		License Expiration Date:	12/3/2024

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