

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: | PO Box 319 Leander, TX 78646      |
| PWS CONTACT PERSON:  | Jeff Tucker                       |
| ADDRESS OF SERVICE:  | 2544 Panier Pl. 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):**

|                                     |                                   |                          |   |                                  |
|-------------------------------------|-----------------------------------|--------------------------|---|----------------------------------|
| <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: | Right front yard 5 feet from meter |         |
| Serial Number: | Main 53673C  | Bypass: | BPA Serves:   | Irrigation                         |         |

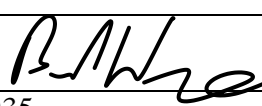
|   |   |                                   |                                      |   |  |
|---|---|-----------------------------------|--------------------------------------|---|--|
| Reason for test:  | New <input checked="" type="checkbox"/> | Existing <input type="checkbox"/> | Replacement <input 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  |  |
|---|---|---|--|---|--|--|
| PASS <input checked="" type="checkbox"/><br>FAIL <input type="checkbox"/> | DCVA  |   | Relief Valve   | Bypass Check  | Air Inlet  | Check Valve  |
|   | 1st Check   | 2nd Check***  |  |   |  |  |
| <b>Initial Test</b><br>Date: 7/1/2024<br>Time: 1:30PM                     | Held at __2.2 psid<br>Closed Tight X<br>Leaked <input type="checkbox"/> | Held at _1.6_ psid<br>Closed <input checked="" type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at ____ psid<br>Did not open <input type="checkbox"/> | Held at ____ psid<br>Closed Tight <input type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at ____ psid<br>Did not open <input type="checkbox"/><br>Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/> | Held at ____ psid<br>Leaked <input type="checkbox"/> |
| Repairs and Materials Used**  | Main: Flushed debris<br>Bypass:   |   |  |   |  |  |
| <b>Test After Repair</b><br>Date:<br>Time:                                | Held at ____ psid<br>Closed Tight <input type="checkbox"/>              | Held at ____ psid<br>Closed Tight <input type="checkbox"/>  | Opened at ____ psid  | Held at ____ psid<br>Closed Tight <input type="checkbox"/>                                    | 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:                       | 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