

**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:	Cory Taylor
ADDRESS OF SERVICE:	410 Bridge Water Loop 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) 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 5ft from meter	
Serial Number:	Main 98277C	Bypass:	BPA Serves:	Irrigation	

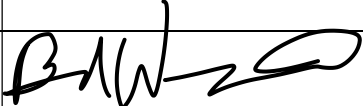
Reason for test:	New <input checked="" type="checkbox"/>	Existing <input type="checkbox"/>	Replacement <input type="checkbox"/>	Old Model/Serial #
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the assembly installed on a non-potable water supply (auxiliary)?				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<b>TEST RESULT</b>	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"/>						
<b>Initial Test</b>	Held at <u>2.2</u> psid	Held at <u>2.3</u> psid	Opened at <input type="checkbox"/> psid	Held at <input type="checkbox"/> psid	Opened at <input type="checkbox"/> psid	Held at <input type="checkbox"/> psid
Date:	10/29/2024					
Time:	10:15AM					
	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>	Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/> )	Leaked <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>
Repairs and Materials Used**	Main:   Bypass:					
<b>Test After Repair</b>	Held at <input type="checkbox"/> psid	Held at <input type="checkbox"/> psid	Opened at <input type="checkbox"/> psid	Held at <input type="checkbox"/> psid	Opened at <input type="checkbox"/> psid	Held at <input type="checkbox"/> psid
Date:						
Time:						

\*\*\* 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	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