

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:  | 491 Bridgewater 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 - 3' from meter |
| Serial Number: | 01687D | 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 # <input type="checkbox"/>                         |
| 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 <sup>st</sup> Check   | 2 <sup>nd</sup> Check***  |   |  |   |
| PASS <input checked="" type="checkbox"/><br>FAIL <input type="checkbox"/> |   |   |   |  |   |
| <b>Initial Test</b><br>Date: 10/04/24<br>Time: 08:03 am                   | Held at 2.0 psid<br>Closed Tight <input checked="" type="checkbox"/><br>Leaked <input type="checkbox"/> | Held at 2.2 psid<br>Closed Tight <input checked="" type="checkbox"/><br>Leaked <input type="checkbox"/> | Opened at ___ psid<br>Did not open <input type="checkbox"/> | Opened at ___ psid<br>Did not open <input type="checkbox"/><br><br>Did it fully open<br>(Yes <input type="checkbox"/> /No <input type="checkbox"/> | Held at ___ psid<br>Leaked <input type="checkbox"/> |
| Repairs and Materials Used**  |   |   |   |  |   |
| <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  | Opened at ___ psid   | Held 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: 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: | 202 Wonder World Dr #304-522<br>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