

**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: | P. O. Box 319, Leander, TX 78646 |
| PWS CONTACT PERSON:  | Christi Williams                 |
| ADDRESS OF SERVICE:  | 925 Willie Ranch Way             |

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: | 4' WNW of meter                  |         |
| Serial Number: | Main: 53213C | Bypass: | BPA Serves:   | Residential Landscape 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   |   |
|--|--|--|---|--|---|---|
|  | 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><br>Date: 06/10/24<br>Time: 2:00PM  | Held at 2.0_ psid<br>Closed Tight <input checked="" type="checkbox"/><br>Leaked <input type="checkbox"/> | Held at 2.0_ psid<br>Closed Tight <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: _____<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                                    |

\*\*\* 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/845-3         | SN: 10200408                                 | Date tested for accuracy : 02/27/2024 |

|          |                              |
|----------|------------------------------|
| Remarks: | Supply line pressure: -- psi |
|----------|------------------------------|

|                  |                          |                                    |   |
|------------------|--------------------------|------------------------------------|---|
| Company Name:    | L Sinclair Services Inc. | Licensed Tester Name (Print/Type): | Lewis R. Sinclair   |
| Company Address: | Cedar Park, TX 78613     | Licensed Tester Name (Signature):  |  |
| Company Phone #: | 512-563-8762             | BPAT License #                     | BP0002815   |
|                  |                          | License Expiration Date:           | 02/12/2026  |

**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