

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:

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|----------------------|---|
| NAME OF PWS: | Johnson County Special Utility District |
| PWS ID#: | TX 1260018 |
| PWS MAILING ADDRESS: | |
| PWS CONTACT PERSON: | |
| ADDRESS OF SERVICE: | |

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 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: | | Size: | |
| Model Number: | | BPA Location: | |
| Serial Number: | | BPA Serves: | |

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|---|------------------------------|-----------------------------------|--------------------------------------|--|
| Reason for test: | New <input 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 type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the assembly installed on a non-potable water supply (auxiliary)? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | Reduced Pressure Principle Assembly (RPBA) | | | PVB & SVB | |
|--|---|---|--|---|--|
| | DCVA | | Relief Valve | Air Inlet | Check Valve |
| | 1 st Check | 2 nd Check*** | | | |
| Initial Test Date: Time: | Held at ____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | Held at ____ psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> | Opened at ____ psid Did not open <input type="checkbox"/> | Opened at ____ psid Did not open <input type="checkbox"/> Did it fully open (Yes <input type="checkbox"/> /No <input type="checkbox"/> | Held at ____ psid Leaked <input type="checkbox"/> |
| Repairs and Materials Used** | | | | | |
| Test After Repair Date: Time: | Held at ____ psid Closed Tight <input type="checkbox"/> | Held at ____ psid Closed Tight <input type="checkbox"/> | Opened at ____ psid | Opened at ____ psid | Held at ____ psid |

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

| | | |
|-----------------------------------|-----------------------------------|---------------------------------------|
| Differential pressure gauge used: | Potable: <input type="checkbox"/> | Non-Potable: <input type="checkbox"/> |
| Make/Model: | SN: | Date tested for accuracy : |

| | |
|----------|--|
| Remarks: | |
| | |

| | | | |
|------------------|--|---------------------------------------|--|
| Company Name: | | Licensed Tester Name (Print/Type): | |
| Company Address: | | Licensed Tester Name (Signature): | |
| Company Phone #: | | BPAT License # | |
| | | License Expiration Date: | |

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|-------------------------------|
| TEST RESULT |
| PASS <input type="checkbox"/> |

FAIL

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