

## 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:

Emerald Bay Municipal Utility District

TIME OF TWO.		Emeraid Bay Wainerpar Clinty District							
PWS ID#:		2120105							
PWS MAILING ADDRESS:		155 LaSalle Road, Bullard, TX 75757							
		Lori Wiginton – Compliance Officer – 903-825-6960 – mudcompoff@emeraldbay-tx.gov							
ADDRESS OF SERVICE:									
The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified									
	thin acceptable par		nas occi	ir tested und mam	umea us requirea s	y commission reg	Sulution	is and is c	, crumea
TYPE OF BACKFLOW PREVENTION ASSEMBLY (BPA):									
								тП	
	* ` ` `								
Double Check Valve (DCVA)			-	Double Check-Detector (DCVA-D)  Type II					
Pressure Vacuum Breaker (PVB)									
Manufacturer: Main: Bypass:				Size: Main: Bypass:					
Model Number:					BPA Location:				
Serial Number:	Main: Bypass:			BPA Serves:					
Reason for test: New    Existing    Replacement   Old Model/Serial #									
Is the assembly installed in accordance with manufacturer recommendations and/or local codes?									
Is the assembly installed on a non-potable water supply (auxiliary)?									No
TEST RESULT	Reduced Pressure	Principle Ass	embly (	RPBA)	Type II Assembly	P	PVB & SVB		
$\mathbf{PASS}[\ \Box]$	DCVA			D.P.CXV.1	D Cl 1	Air Inlet		Check Valve	
$\mathbf{FAIL}[\;\square[$	1 <sup>st</sup> Check 2 <sup>nd</sup> Check**		** Relief Valve		Bypass Check				
Initial Test	Held at psid	Held at	psid	Opened at	Held at psid	Opened at	psid ]	Held at	psid
Date:	Closed Tight $\square$	Closed Tigh	· • 1	psid	Closed Tight	II * '		Leaked	
Time:	Leaked	Leaked		Did not	Leaked $\square$	Did it fully open	,	Бешкей	
	Leaked	Leaked		open 🔲	Leaked	(Yes □ /No □			
	1.1			open 🗀		(тез [ш]/тчо [ш],	,		
Repairs and	Main:								
Materials Used**									
	Bypass:								
TD 4 A 64		TT 11	1 . 1	0 1	TT 11	0 1		TT 11 .	- 1
<u>Test After</u>	Held at psid		psid	Opened at	Held at psid	Opened at	psid 1	Held at _	psid
Repair	Closed Tight	Closed Tigh	ıt 🔲	psid	Closed Tight				
Date:									
Time:									
*** 2 <sup>nd</sup> Check: Numeric Reading Required for DCVA Only									
Differential Pressure Gauge Used:				Potable:					
Make/Model: SN:				Date Tested for Accuracy:					
Remarks:									
Company Name:				Licensed Tester Name (Print/Type):					
Company Address:				Licensed Tester Name (Signature):					
				Diceised Tester Hame (Digitature).					
C DI /			+	DDATEL: "	1				
Company Phone #	f:   [		_	BPAT License #					
	ĺ			License Expiration	on Date:				

The above is certified to be true at the time of testing.

<sup>\*</sup> TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC §290.46(B)]

<sup>\*\*</sup> USE ONLY MANUFACTURER'S REPLACEMENT PARTS