### 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: Agua Water Supply Corporation PWS ID#: 110013 PWS MAILING ADDRESS: 415 Old Austin Hwy., Bastrop TX 78602 PWS CONTACT PERSON: Sue Durango 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): Reduced Pressure Principle (RPBA) Reduced Pressure Principle-Detector (RPBA-D) Double Check Valve (DCVA) Double Check-Detector (DCVA-D) Pressure Vacuum Breaker (PVB) Spill-Resistant Pressure Vacuum Breaker (SVB) Manufacturer: Size: **BPA Location:** Model Number: Serial Number: **BPA Serves:** Reason for test: New □ Existing  $\square$ Replacement 
Old Model/Serial # Is the assembly installed in accordance with manufacturer recommendations and/or local codes? ☐ Yes  $\square$  No Is the assembly installed on a non-potable water supply (auxiliary)? ☐ Yes | □ No **PVB & SVB** Reduced Pressure Principle Assembly (RPBA) **DCVA** Check Valve Relief Valve Air Inlet 2<sup>nd</sup> Check\*\*\* 1<sup>st</sup> Check psid Opened at \_\_\_psid psid **Initial Test** Held at psid Held Opened at psid Held at Closed Tight Closed Tight Did not open Date: Did not open Leaked П Leaked Leaked Time: Did it fully open  $(Yes \square /No \square)$ Repairs and Materials Used\*\* Test After Held at psid Held at psid Opened at psid Opened at psid Held at psid Repair Closed Tight  $\square$ Closed Tight Date: Time: \*\*\* 2<sup>nd</sup> check: numeric reading required for DCVA only Differential pressure gauge used: Potable: Non-Potable: 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: The above is certified to be true at the time of testing. TEST

\* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC  $\S 290.46(B)]$ 

\*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS

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RESULT PASS □

FAIL

### **Brad Badgett**

11323 Stormy Ridge Rd. Austin, Tx 78739 Phone: 512-619-0962

## **Charles Cody**

150 Tanglewood Tr. Elgin, Tx 78621 Phone: 512-304-8756

### **Wesley Garrison**

14405 Jacobson Rd. Del Valle, Tx 78617 Phone: 512-247-5828

#### **Clint Hambrick**

Fluid Meters 114 Bedrock Dr. Liberty Hill, Tx 78642 Phone: 512-258-3594

#### **Gary Farber**

Fluid Meters 7304 McNeil Dr. #604 Austin, Tx 78729 Phone: 512-258-3594

### **Jeff Long**

Bastrop Gardens 316 Old Hwy 71 Cedar Creek, Tx 78612 Phone: 512-303-5672 Cell: 512-627-2358

### **Jose Angel Gamboa**

Angel Services P.O. Box 5153 Austin, Tx 78763-5153 Phone: 512-440-7157

#### John Johnson

120 Jay Jay Cv. Kyle, Tx 78640 Phone: 512-690-3298

# **Kristopher Kinney**

P.O. Box 1412 Pflugerville, Tx 78691 Phone: 512-845-7285

#### Mark McNabb

13805 Dragline Dr. Austin, Tx 78728 Phone: 512-251-1295

# **Bradley Lupton**

Lupton Backflow P.O. Box 1779 Kyle, Tx 78640 Phone: 512-731-9770

#### **James Adams**

931 Union Chapel Rd. Cedar Creek, Tx 78612 Phone: 512-321-7275

### Thomas O'Laughlin

M Tech Services 120 Luamrie Ln. Bastrop, Tx 78602 Phone: 512-363-8249

#### Mike Yazalina

Source One Commercial Service 4150 Friedrich Ln Ste I Austin, Tx 78744 Phone: 512-459-8864

### Jeffrey M Rutkowski

17547 Bishopsgate Dr. Pflugerville, Tx 78660 Phone: 512-538-8995

# **Bradley Ward**

Lakeway Water Works 25724 Paleface Shore Dr. Spicewood, Tx 78669 Phone: 512-751-5132

### **Stephen Lytle**

P.O. Box 73 Manor, Tx 78653 Phone: 512-769-8343

#### **Martin Fairlie**

Fifty Dollar BPAT LLC 102 Paul Bell Bastrop, Tx 78602 Phone: 512-988-6778

### **Jesse Creighton**

Cox Irrigation, LLC PO Box 1307 Bastrop, Tx 78602 Phone: 512-229-8078

### Joshua Hoefer

Cox Irrigation, LLC PO Box 1307 Bastrop, Tx 78602 Phone: 512-229-8078

# **Barry Barker**

Elgin Sprinkler & Trenching P.O. Box 891 Elgin, Tx 78621 Phone: 512-563-5407

## **Richard Braun**

Diamondback Landscaping 400 Hidden Farms Dr. San Marcos, Tx 78666 Phone: 512-392-380

# Phong (Troy) Pham

Basotam Services LLC 16401 Summit Dr. Austin, Tx 78728 512-940-9788