

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be completed for each assembly tested. Please submit test and maintenance reports electronically to Vepo, LLC (https://vepollc.com). Electronic submissions are ONLY for assemblies on Fair Oaks Ranch Utilities. For other water purveyors, please submit a paper copy to the City for recordkeeping purposes.

NAME OF PWS:			FAIR OAKS RANCH UTILITIES								
PWS ID #:			0150216								
	MAILING A	7286 DIETZ ELKHORN, FAIR OAKS RANCH, TEXAS 78015									
	CONTACT 1		GRANT WATANABE, P.E., DIRECTOR OF PUBLIC WORKS								
	RESS OF SE	RVICE:									
TEST	DATE:										
The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certiful to be operating within acceptable parameters.									gulations and is certified		
TYPE OF BACKFLOW PREVENTION ASSEMBLY:											
	☐ Reduced Pressure Principle (RPBA)					Reduced Pressure Principle-Detector (RPBA-D)					
☐ Double Check Valve (DC			, <u> </u>			Double Check-Detector (DCVA-D)					
☐ Pressure Vacuum Breake			r (PVB)								
Manufacturer:											
Model Number:					Size:						
Serial Number:					Location:						
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)?											
		ssure Princi	ple Asser	mbly	(RPBA)	RPBA) PVB & SVI			& SVB		
		DCVA			Relief Valve		Air Inlet				
		1 st Check 2 nd Che							Check Valve		
Initial Test Date: Time:		Held atpsid Held Closed Tight □ Closed Leaked □ Leaked		ed Tight		Opened at Did not open	_psid	Opened at Did not open	psid	Held atpsid Leaked □	
Repairs and Materials Used**											
Test After Repair Date: Time:		Held at Closed Tight	psid Held	at] ed Tight	osid	Opened at	_psid	Opened at	psid	Held atpsid	
Test Gauge Make/Model:											
Serial Number:			Date Tested for Accuracy:								
Remarks:											
The above is certified to be true at the time of testing.											
Company Name:					Lic	icensed Tester Name (Print):					
Com	pany Addres	s:			Licensed Tester Name (Signature):						
Company Phone:					BPAT License # License Expiration Date:						
										TEST RESULT	
* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS										PASS	
** U	** USE ONLY MANUFACTURER'S REPLACEMENT PARTS PASS PASS										

FAIL \square