SUPPLEMENTARY INFORMATION

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RIVERBEND WATER RESOURCES DISTRICT

SUPPLEMENTARY INFORMATION
SCHEDULE OF ENTERPRISE FUND EXPENSES
For the Year Ended September 30, 2014

Personnel Expenses (including benefits)*	$ 154,358
Professional Fees:	
Auditing	18,000
Legal	8,976
Engineering	111,117
Consulting	52,825
Contracted Services:	
Bookkeeping	1,550
Administrative Expenses:	
Office Supplies	3,973
Insurance	2,607
Other Administrative Expenses	33,760
TOTAL EXPENSES	$ 387,166

* Number of persons employed by the District: 1 Full-Time 0 Part-Time

RIVERBEND WATER RESOURCES DISTRICT

SUPPLEMENTARY INFORMATION
COMPARATIVE SCHEDULE OF REVENUES AND EXPENSES - FIVE YEARS ENDED
Last Five Years

	Amounts				
	(Audited) 2014	(Audited) 2013	(Audited) 2012	(Unaudited) 2011	2010
OPERATING REVENUES					
Charges for services	$ 205,430	$ 65,000	$ -	$ 28,530	$ -
Intergovernmental revenue	25,000	-	-	-	-
Total operating revenues	230,430	65,000	-	28,530	-
OPERATING EXPENSES					
Accounting and audit	19,550	8,750	12,449	5,150	-
Bank service fees	20	59	429	46	-
Car allowance	7,200	3,300	-	-	-
Conferences and seminars	2,951	128	656	-	-
Dues and memberships	893	303	-	-	-
Employee benefits	8,658	3,672	-	-	-
Insurance	2,607	2,862	2,329	-	-
Meeting expense	3,536	2,288	269	-	-
Miscellanous	1,190	-	-	-	-
Office expense and supplies	3,973	4,396	121	91	-
Payroll taxes	10,438	4,220	-	-	-
Reimbursement	-	2,659	-	-	-
Rent	6,600	3,300	-	-	-
Salaries and wages	138,500	55,167	-	-	-
Telephone	2,757	1,336	-	-	-
Consulting	52,825	32,460	40,908	-	-
Engineering services	111,117	-	-	-	-
Web design and maintenance	2,610	-	-	-	-
Legal and professional fees	8,976	46,140	144,377	-	-
Travel expenses	2,765	4,794	-	-	-
Total operating expense	387,166	175,834	201,538	5,287	-
Operating income (loss)	(156,736)	(110,834)	(201,538)	23,243	-
NONOPERATING REVENUES (EXPENSES)					
Interest income	397	362	406	38	-
Total nonoperating revenues (expenses)	397	362	406	38	-
Change in net position	$ (156,339)	$ (110,472)	$ (201,132)	$ 23,281	$ -

Note: Fiscal year 2011 was the first year of operations for the District.

Percent of Fund Total Revenues				
(Audited) 2014	(Audited) 2013	(Audited) 2012	(Unaudited) 2011	2010
89.2 %	100.0 %	- %	100.0 %	- %
10.8	-	-	-	-
100.0	100.0	-	100.0	-
				-
8.5	13.5	-	18.1	-
0.0	0.1	-	0.2	-
3.1	5.1	-	-	-
1.3	0.2	-	-	-
0.4	0.5	-	-	-
3.8	5.6	-	-	-
1.1	4.4	-	-	-
1.5	3.5	-	-	-
0.5	-	-	-	-
1.7	6.8	-	0.3	-
4.5	6.5	-	-	-
-	4.1	-	-	-
2.9	5.1	-	-	-
60.1	84.9	-	-	-
1.2	2.1	-	-	-
22.9	50	-	-	-
48.2	-	-	-	-
1.1	-	-	-	-
3.9	71	-	-	-
1.2	7	-	-	-
168.0	270.5	-	18.5	-
(68.0)	(170.5)	-	81.5	-
0.2	0.6	-	0.1	-
0.2	0.6	-	0.1	-
(67.8) %	(170.0) %	- %	81.6 %	- %

RIVERBEND WATER RESOURCES DISTRICT

SUPPLEMENTARY INFORMATION
LIST OF BOARD MEMBERS, KEY PERSONNEL, AND CONSULTANTS
For the Year Ended September 30, 2014

Complete District Mailing Address: 3930 Galleria Oaks, Texarkana, TX 75503

District Business Telephone Number: (903) 223-3905

Submission Date of the most recent District Registration Form
(TWC Sections 36.054 and 49.054): 04/30/2012

Limit on Fees of Office that a Director may receive during a fiscal year: $0

Names:	Term of Office (Elected or Appointed) or Date Hired	Fees of Office Paid* (FYE Date)	Expense Reimbursements (FYE Date)	Title at Year End
Board Members:				
Fred Milton	(Appointed) 01/12-01/16	$ -	$ -	Chairman
Kelly Mitchell	(Appointed) 01/12-01/15	$ -	$ -	Vice Chairman
Marshall Wood	(Apppinted) 01/12-01/16	$ -	$ -	Secretary
Sean Rommel	(Appointed) 01/12-01/15	$ -	$ -	Treasurer
James Carlow	(Appointed) 01/12-01/15	$ -	$ -	At-Large
Key Administrative Personnel:				
Scott L. Albert	5/14/2013	$ 130,000	$ 4,264	Executive Director
Consultants:				
MWH Americas, Inc.	10/25/2011	$ 52,262		Engineers
CLB Engineers, Inc.	5/15/2014	$ 38,000		Engineers
Vail & Knauth, LLP	2/14/2012	$ 18,000		Auditor
Cross Oak Group	3/4/2013	$ 21,000		Consultant
Strategic Government Resources, Inc.	10/17/2013	$ 15,000		Consultant
Economists.com, LLC	5/15/2014	$ 11,700		Consultant

* Fees of Office are the amounts actually paid to a director during the district's fiscal year.

Overall Internal Controls and Compliance Section

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HOLLIDAY, LEMONS, & COX, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

To the Board of Directors
Riverbend Water Resources District

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business-type activities Riverbend Water Resources District (District), as of and for the year ended September 30, 2014, and the related notes to the financial statements, which collectively comprise the District's basic financial statements, and have issued our report thereon dated March 3, 2015.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or, significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Holliday, Lemons & Cox, P.C.

March 3, 2015

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EXIT INTERVIEW FORM: Potential Violations and/or Records Requested							
Regulated Entity/Site Name	TexAmericas Center				**TCEQ Additional ID No.** **RN No. (Optional)**	PWS 0190021	
Investigation Type	CCI	**Contact Made In-House (Y/N)**	Y	**Purpose of Investigation**	Ensure compliance w/ Public Drinking Water Regulations 30 TAC 290		
Regulated Entity Contact	Eli Hunt			**Telephone No.**	903-276-5318	**Date Contacted**	08/13/14
Title	Director of Environment/Safety/Occupational Health			**Fax No.**	eli.hunt@texamericascenter.com	**Date Emailed**	08/20/14

NOTICE: The information provided in this Note is intended to provide clarity to issues that have arisen to the date of this Note during the above investigation and *does no represent agency findings related to violations.* Any potential or alleged violations discovered after the date of this Note will be communicated by telephone to the regulated entity representative prior to the issuance of a notice of violation or enforcement. Conclusions drawn from this investigation, including additional violations or potential violations discovered (if any) during the course of this investigation, will be documented in the final investigation report.

Issue		**For Records Request, identify the necessary records, the company contact and date due to the agency. For Alleged and Potential Violation issues, include the rule in question with the clearly described potential problem. Other type of issues: fully describe.**	
No.	**Type[1]**	**Rule Citation (if known) 30 TAC**	**Description of Issue**
1	AV	290.44(h)(4)	During the investigation on 08/14/21014, a list of backflow prevention devices was reviewed, which included mostly devices installed for health hazards. Several of these devices were last tested over one year ago, such as in 2012 and not in 2013.
2	AV	290.109(c)(2)(A)(iii)	During the investigation on 08/14/2014, the investigator documented that the system had been only collecting and submitting three bacteriological samples instead of the minimum of six due to the number of people served having increased over 5,000.
3	O	291.93(3) 290.45(b)(1)(C)(iii)	*Additional Issue:* Failure to submit a capacity planning report. 30 TAC §291.93(3) states that a retail public utility that possesses a certificate of public convenience and necessity that has reached 85% of its capacity as compared to the most restrictive criteria of the commission's minimum capacity requirements in 30 TAC 290 to submit to the executive director a planning report that clearly explains how the retail public utility will provide the expected service demands to the remaining areas within the boundaries of its certificated area. The planning report should be submitted the Technical Review and Oversight Team of the Public Drinking Water Section of TCEQ, PO Box 13087, Austin, TX 78711-3087. It was documented during the investigation on 08/14/2014 that the system failed to submit a capacity planning report. The contract with the City of Texarkana provides up to 300,000,000 gallons per year. There is no maximum limit other than the annual amount. The total purchased water for the previous 12 months (12/01/2013 through 07/31/2014) was approximately 296,000,000 gallons, which is 99% of the contractual limit. In addition, it was unclear whether the contract met the requirements of 30 TAC 290.45(f)(3).
4	O		*Additional Issue:* The operators have been checking the disinfectant residual each day in a random method instead of following the sample site list in the monitoring plan.

Note 1: Issue Type Can Be One or More of: AV (Alleged Violation), PV (Potential Violation), O (Other), or RR (Records Request)

COPIES: Original: for Regulated Entity Representative, Copy: TCEQ

Issue		For Records Request, identify the necessary records, the company contact and date due to the agency. For Alleged and Potential Violation issues, include the rule in question with the clearly described potential problem. Other type of issues: fully describe.	
No.	**Type[1]**	**Rule Citation (if known) 30 TAC**	**Description of Issue**
5	O		*Additional Issue:* The water system should ensure that it maintains records for maintenance on the system regarding line repairs and the applicability and compliance with the special precautions requirements. If the line is repaired under pressure, which is 20 psi or more for the area affected, then the log should include this information, including how the line was repaired and what the pressures were. If the repair is subject to the special precautions requirements as defined below, then documentation demonstrating compliance with either of the special precautions options is required. In addition, documentation should demonstrate that line repairs are completed under the supervision of an adequately licensed operator. The special precautions required in response to an incident where the water main pressure drops below 20 psi and the lines are partially or fully dewatered follows (as listed in the flowchart in 30 TAC 290.47(h)). One of the following two options must be taken. Option one is to issue a boil water notice (BWN), within 24 hours of the incident, to the customers affected by the incident. Documentation of the BWN must also be submitted to the TCEQ Tyler Region Office. After the pressure is restored, special bacteriological samples, representative of the area affected, shall immediately be taken. Upon receipt of the lab report indicating that the samples are negative for total coliform and e coli, the BWN may be rescinded. Copies of the rescind notice and lab samples shall be submitted to the TCEQ Tyler Region Office. This option does not mean that no effort should be made to flush the lines, if practical. Option two requires the completion of the following steps: 1) disinfect the lines according to American Water Works Association (AWWA) standards; 2) flush until chlorine residual reaches normal operating levels or until a minimum of two volumes of the affected line is flushed, whichever is greater if the water is not clear after the prescribed flushing, continue to flush until the water is clear; 3) immediately collect bacteriological samples from the affected area and return the area to service; and 4) if bacteriological samples are negative, no further action is necessary, but if they are positive, notify the TCEQ Tyler Region Office for additional instructions.

Note 1: Issue Type Can Be One or More of: AV (Alleged Violation), PV (Potential Violation), O (Other), or RR (Records Request)

COPIES: Original: for Regulated Entity Representative, Copy: TCEQ

TCEQ EXIT INTERVIEW FORM: Potential Violations and/or Records Requested

Regulated Entity/Site Name	Tex Americas – Ronald Collins Reuse + Industrial WWTP			**TCEQ Add. ID No. RN No. (optional)**	WQ0004664000
Investigation Type	CC1	**Contact Made In-House (Y/N)** Y	**Purpose of Investigation**	WasteWater + STW Comprehensive Compliance	
Regulated Entity Contact	Philip Grant		**Telephone No.**	903-280-5704	**Date Contacted**
Title	Water+WW Systems Manager		**Fax No.**		**Date Faxed**

NOTICE: The information provided in this form is intended to provide clarity to issues that have arisen during the investigation process between the TCEQ and the regulated entity named above and *does not represent final TCEQ findings related to violations*. Any potential or alleged violations discovered after the date on this form will be communicated by telephone to the regulated entity representative prior to the issuance of a notice of violation or enforcement. Conclusions drawn from this investigation, including additional violations or potential violations discovered (if any) during the course of this investigation, will be documented in a final investigation report.

Issue		**For Records Request: identify the necessary records, the company contact and date due to the agency. For Alleged and Potential Violation issues: include the rule in question with the clearly described potential problem. Other type of issues: fully describe.**	
No.	**Type[1]**	**Rule Citation (if known)**	**Description of Issue**
1	RR		Submit copies of 2013 tonnage trip tickets for 2 Pines sludge disposal
2	RR		Email copies of Ana-Lab results/analysis for WW outfall 001 CBOD
3	PV		Update SWP3 maps with inf on permit pgs 45 and 133 (4.b)
4	PV		Mention TPDES WW discharge permit in text of SWP3
5	O		

[1]**Issue Type Can Be One or More of: AV (Alleged Violation), PV (Potential Violation), O (Other), or RR (Records Request)**

Did the TCEQ document the regulated entity named above operating without proper authorization?	☐ Yes	☑ No
Did the investigator advise the regulated entity representative that continued operation is not authorized?	☐ Yes	☑ No

Document Acknowledgment. Signature on this document establishes only that the regulated entity (company) representative received a copy of this document and associated continuation pages on the date noted. If contact was made by telephone, document will be faxed to regulated entity; therefore, signature not required.

Lisa Fisher Lisa Fisher	5/1/14	Phil Grant Phil Grant	5-1-14
Investigator Name (Signed & Printed)	**Date**	**Regulated Entity Representative Name (Signed & Printed)**	**Date**

If you have questions about any information on this form, please contact your local TCEQ Regional Office.
Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, call 512-239-3282.

White Copy: Regulated Entity Representative Yellow Copy: TCEQ

(Note: Use additional pages as necessary) Page 1 of 1

Ana-Lab Corp. P.O. Box 9000 Kilgore, TX 75663

Phone 903/984-0551 FAX 903/984-5914 e-Mail corp@ana-lab.com LELAP-accredited #02008

Employee Owned Integrity Caring Continual Improvement

Printed 09/04/2014 Page 1 of 1

Report

Table of Contents

Account **URSI -A**

Project **667581**

Report To

Philip Grant
TexAmericas Center
107 Chapel Lane
New Boston, TX 75570-

This report consists of this Table of Contents and the following pages:

Report Name	Description	Pages
667581_r03_03_ProjectResults	Ana-Lab Project P:667581 C:URSI Project Results	3
667581_r10_05_ProjectQC	Ana-Lab Project P:667581 C:URSI Project Quality Control Groups	1
667581_r99_09_CoC__1_of_1	Ana-Lab CoC URSI 667581_1_of_1	1
	Total Pages:	5

ANA-LAB CORP. THE COMPLETE SERVICE LAB

Ana-Lab Corp. P.O. Box 9000 Kilgore, TX 75663

Phone 903/984-0551 FAX 903/984-5914 e-Mail corp@ana-lab.com

Employee Owned Integrity Caring Continual Improvement

Printed: 09/04/2014

Results

Account **URSI-A**

Project **667581**

Report To

Philip Grant
TexAmericas Center
107 Chapel Lane
New Boston, TX 75570-

Results

Parameter	Results	Units	RL	Flags	CAS	Bottle
1330964 297 Cass St					*Received:* 09/03/2014	
Liquid Aqueous	*Collected by:* Client		*Affiliation:* TexAmericas Center		09/03/2014 07:45:00	
	Prepared:		09/03/2014		07:45:00	
Client			Analyzed *Cli* 09/03/2014		07:45:00 *QCgroup*	
z **Cl2 analyzed by client**		2.5	mg/L			
	Prepared:	*581184*	09/04/2014		10:45:00	
SM 9223 B (Colilert®-18)-97			Analyzed *MDM* 09/04/2014		10:45:00 *QCgroup*	*581184*
N **Total Coliform Colilert 18**		NEGATIVE	in 100 mL			01
	Prepared:	*581185*	09/04/2014		10:45:00	
SM 9223 B (Colilert®-18)-97			Analyzed *MDM* 09/04/2014		10:45:00 *QCgroup*	*581185*
N **E-coli Colilert-18**		NEGATIVE	in 100 mL			01
1330965 Elliott Lake #2					*Received:* 09/03/2014	
Liquid Aqueous	*Collected by:* Client		*Affiliation:* TexAmericas Center		09/03/2014 08:05:00	
	Prepared:		09/03/2014		08:05:00	
Client			Analyzed *Cli* 09/03/2014		08:05:00 *QCgroup*	
z **Cl2 analyzed by client**		0.63	mg/L			
	Prepared:	*581184*	09/04/2014		10:45:00	
SM 9223 B (Colilert®-18)-97			Analyzed *MDM* 09/04/2014		10:45:00 *QCgroup*	*581184*
N **Total Coliform Colilert 18**		NEGATIVE	in 100 mL			01
	Prepared:	*581185*	09/04/2014		10:45:00	
SM 9223 B (Colilert®-18)-97			Analyzed *MDM* 09/04/2014		10:45:00 *QCgroup*	*581185*
N **E-coli Colilert-18**		NEGATIVE	in 100 mL			01
1330966 Bldg 469					*Received:* 09/03/2014	
Liquid Aqueous	*Collected by* Client		*Affiliation.* TexAmericas Center		09/03/2014 08:20:00	
	Prepared:		09/03/2014		08:20:00	
Client			Analyzed *Cli* 09/03/2014		08:20:00 *QCgroup*	
z **Cl2 analyzed by client**		0.73	mg/L			
	Prepared:	*581184*	09/04/2014		10:45:00	
SM 9223 B (Colilert®-18)-97			Analyzed *MDM* 09/04/2014		10:45:00 *QCgroup*	*581184*
N **Total Coliform Colilert 18**		NEGATIVE	in 100 mL			01
	Prepared:	*581185*	09/04/2014		10:45:00	
SM 9223 B (Colilert®-18)-97			Analyzed *MDM* 09/04/2014		10:45:00 *QCgroup*	*581185*

ANA-LAB CORP. THE COMPLETE SERVICE LAB

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Phone 903/984-0551 FAX 903/984-5914 e-Mail corp@ana-lab.com

Employee Owned Integrity Caring Continual Improvement

Printed: 09/04/2014

Results

Results

Parameter	Results	Units	RL	Flags	CAS	Bottle
1330966 Bldg 469					*Received:* 09/03/2014	
Liquid Aqueous	*Collected by:* Client		*Affiliation:* TexAmericas Center		09/03/2014	08.20:00
SM 9223 B (Colilert®-18)-97		Analyzed	*MDM 09/04/2014*	*10 45.00*	*QCgroup*	*581185*
N **E-coli Colilert-18**	**NEGATIVE**	**in 100 mL**				01

Sample Preparation

1330964 297 Cass St					*Received:* 09/03/2014	
	Prepared:		*09/03/2014*	*07 45.00*		
			Analyzed *Cli* *09 03 2014*	*07:45:00*	*QCgroup*	
z **Chlorine Residual Type**	**total**	**mg/L**				
	Prepared:	***581178***	*09/03/2014*	*14.50:00*		
			Analyzed *MDM 09/03/2014*	*14:50:00*	*QCgroup*	*581178*
SM 9223 B (Colilert®-18)-97						01
N **Total Coliform Set Started**	**STARTED**					
1330965 Elliott Lake #2					*Received:* 09/03/2014	
	Prepared:		*09/03/2014*	*08:05:00*		
			Analyzed *Cli* *09/03/2014*	*08.05:00*	*QCgroup*	
z **Chlorine Residual Type**	**total**	**mg/L**				
	Prepared:	***581178***	*09/03/2014*	*14:50.00*		
			Analyzed *MDM 09/03/2014*	*14:50:00*	*QCgroup*	*581178*
SM 9223 B (Colilert®-18)-97						01
N **Total Coliform Set Started**	**STARTED**					
1330966 Bldg 469					*Received:* 09/03/2014	
	Prepared:		*09/03/2014*	*08:20.00*		
			Analyzed *Cli* *09/03/2014*	*08.20:00*	*QCgroup*	
z **Chlorine Residual Type**	**total**	**mg/L**				
	Prepared:	***581178***	*09/03/2014*	*14:50:00*		
			Analyzed *MDM 09/03/2014*	*14:50:00*	*QCgroup*	*581178*
SM 9223 B (Colilert®-18)-97						01
N **Total Coliform Set Started**	**STARTED**					

Ana-Lab Corp. P.O. Box 9000 Kilgore, TX 75663

Phone 903/984-0551 FAX 903/984-5914 e-Mail corp@ana-lab.com

Employee Owned Integrity Caring Continual Improvement

Printed: 09/04/2014

Results

Qualifiers:

We report results on an 'As Received' or wet basis unless marked 'Dry Weight'. Unless otherwise noted, testing was performed at Ana-lab's corporate laboratory that holds the following Federal and State certificates: Texas Department of Health Lead Firm Certificate 2110076, US Department of Agriculture Soil Import Permit S-37592, Texas Commisson on Environmental Quality Drinking Water Laboratory Certificate TX219, Texas Commission on Environmental Quality NELAP T104704201, Oklahoma Department of Environmental Quality Drinking Water Certification Lab ID# D9913, EPA Lab Number TX00063, USEPA Approved Perchlorate Testing Lab, Oklahoma Department of Environmental Quality Laboratory Certificate 8125, Arkansas Department of Environmental Quality Certification #03-070-0, Louisiana Department of Environmental Quality Laboratory Certification (NELAP, LELAP) #02008, Louisiana Department of Health and Hospitals Drinking Water (NELAP) # LA030020, US Department of Energy Approved, State of Kansas Department of Health and Environment Waste Water and Solid/Hazardous Waste Cert. E-10365. The Accredited column designates accreditation by N -- NELAC, or z -- not covered under NELAC scope of accreditation.

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of Ana-Lab Corp. Unless otherwise specified, these test results meet the requirements of NELAC.
RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number.

C. H. Whiteside

C. H. Whiteside, Ph.D., President

Ana-Lab Corp. P.O. Box 9000 Kilgore, TX 75663

Phone 903/984-0551 FAX 903/984-5914 e-Mail corp@ana-lab.com LELAP-accredited #02008

Employee Owned Integrity Caring Continual Improvement

Quality Control

Printed 09/04/2014

0190021

Account: URSI -A

Project: 667581

Report To:

Philip Grant
TexAmericas Center
107 Chapel Lane
New Boston, TX 75570-

581184 Liquid Aqueous — **SM 9223 B (Colilert®-18)-97**

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	Out	File
P aeruginosa	581178	NEGATIVE	NEGATIVE	in 100 mL		-		114761729
Standard E. coli	581178	POSITIVE	POSITIVE	in 100 mL		-		114761731
Standard K pneumoniae	581178	POSITIVE	POSITIVE	in 100 mL		-		114761730

581185 Liquid Aqueous — **SM 9223 B (Colilert®-18)-97**

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	Out	File
P. aeruginosa	581178	NEGATIVE	NEGATIVE	in 100 mL		-		114761820
Standard E. coli	581178	POSITIVE	POSITIVE	in 100 mL		-		114761822
Standard K.pneumoniae	581178	NEGATIVE	NEGATIVE	in 100 mL		-		114761821

RPD is Relative Percent Difference: abs(r1-r2) / mean(r1,r2) * 100%

Recover% is Recovery Percent: result / known * 100%

667581 CoC Print Group 001 of 001

TCEQ — MICROBIAL MONITORING FORM

Public/Private Water System Identification & Sample Collection Information (Please type or use block print)

Public Water System ID: 0 1 9 0 0 2 1 (Must be 7 digits, include all zeros)

Public Water System Name: TexAmericas Center

County: Bowie — 005057 ☐ CF; 005514 ☒ CF 0.0; 003688 ☐ CF

Send Results To:
Name: TexAmericas Center
Address: 107 Chapel Lane
City: New Boston
State: Texas Zip: 75570-

Phone #: 903-832-4666 Fax #: 903-838-1613

Sampler Name: David Matthews

Sampler Contact #: 903-277-8364 ☐ Owner ☒ Operator ☐ Other:

System Type: (✓) ☒ Public ☐ Private ☐ Bottled/Vended ☐ Other

Water Source: (✓) ☐ Groundwater ☒ Surface Water ☐ Groundwater with Surface Water Influence

Ana–Lab Corporation
2600 Dudley Rd. PO Box 9000
Kilgore, TX 75662 Kilgore, TX 75663
Phone: (903) 984–0551
Fax: (903) 984–5914
E-mail: corp@ana–lab.com

Ana–Lab Client Code: URSI

TCEQ Lab ID: TX 219

ACCREDITED IN ACCORDANCE WITH — NELAC Certificate #: T104704201

Test results meet all requirements of NELAC unless stated otherwise.

LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE

Relinquished	Affiliation	Received	Affiliation	Date / Time
David Matthews	TAC	Barry Nagel	Analysts	9/3/14 1015
Barry Nagel	Analysts	Kathy Tarver	Ana-Lab	9/3/14 1350

Sample Iced? Yes ✓ No. If no, temp at receipt: 9 °C

Tested By: MDM Date / Time Tested: 9-3-14 1450

Reported By: MDM Date / Time Reported: 9-4-14 1045

See Analytical Report for: Report Approval Signature/Title, Approving Technical Director, Date of Approval

Lab Results — Note: All test results relate only to the samples as received. Test Method: Colilert-18

Sample Identification/Location (Use Specific Address/Location NOT SITE #; Raw Wells Use Source ID for Well Sampled Ex: G1234567A)	Month	Day	Year	Time (AM or PM)	Distribution	Construction	Raw Well	Special	Repeat	Include Lab ID of Originating Positive on all Repeat Samples	Chlorine Residual Total mg/L	Rejection Criteria #	Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
297 Cass St.	9	3	14	0745 am	☒	☐	☐	☐	☐		2.5		☐	☒	☐	☒	1330964
Elliott lake #2	9	3	14	0805 am	☒	☐	☐	☐	☐		.63		☐	☒	☐	☒	1330965
BLDG 469	9	3	14	0820 am	☒	☐	☐	☐	☐		.73		☐	☒	☐	☒	1330966

Chlorine Residual (✓): ☐ Free mg/L ☒ Total mg/L

TCEQ Form: 10525 6/2009

*Unsuitable Sample Analysis — Rejection Criteria # Definitions:
1) Sample too old. Analysis not initiated within 30 hours of collection
2) Quantity insufficient for analysis (100mL required)
3) Excessive Chlorine Residual (>10 mg/L)
4) Heavy Silt/Turbidity Present
5) Form Incomplete / Date Discrepancy (Errors Circled)
6) Other:

Rev 09/16/2011 If result is "Present," refer to TCEQ pub RG-346 May 2008 "30 TAC 290 Subchapter F: §290.109(c)" For questions call TCEQ at (512)239-4691.

Ana-Lab Corp. P.O. Box 9000 Kilgore, TX 75663

Phone 903/984-0551 FAX 903/984-5914 e-Mail corp@ana-lab.com LELAP-accredited #02008

Employee Owned Integrity Caring Continual Improvement

Printed 09/17/2014 Page 1 of 1

Report

Table of Contents

Account	*Project*
URSI -A	**669108**

Report To

Philip Grant
TexAmericas Center
107 Chapel Lane
New Boston, TX 75570-

This report consists of this Table of Contents and the following pages:

Report Name	Description	Pages
669108_r03_03_ProjectResults	Ana-Lab Project P:669108 C:URSI Project Results	3
669108_r10_05_ProjectQC	Ana-Lab Project P:669108 C:URSI Project Quality Control Groups	1
669108_r99_09_CoC__1_of_1	Ana-Lab CoC URSI 669108_1_of_1	1
	Total Pages:	5

Ana-Lab Corp. P.O. Box 9000 Kilgore, TX 75663

Phone 903/984-0551 FAX 903/984-5914 e-Mail corp@ana-lab.com

Employee Owned Integrity Caring Continual Improvement

Results

Printed: 09/17/2014

Account **URSI-A**

Project **669108**

Report To

Philip Grant
TexAmericas Center
107 Chapel Lane
New Boston, TX 75570-

Results

Parameter	Results	Units	RL	Flags	CAS	Bottle

1334351 Elliott Lake 1453 — *Received:* 09/16/2014

Liquid Aqueous — *Collected by.* Client — *Affiliation.* TexAmericas Center — 09/16/2014 07.30:00

	Prepared:		*09/16/2014*	*07:30:00*		
Client			Analyzed *Cli 09/16/2014*	*07:30:00*	*QCgroup*	
z **Cl2 analyzed by client**		**1.18**	**mg/L**			
	Prepared:	***582744***	*09/17/2014*	*10:10:00*		
SM 9223 B (Colilert®-18)-97			Analyzed *MDM 09/17/2014*	*10:10:00*	*QCgroup*	*582744*
N **Total Coliform Colilert 18**		**NEGATIVE**	**in 100 mL**			01
	Prepared:	***582745***	*09/17/2014*	*10:10:00*		
SM 9223 B (Colilert®-18)-97			Analyzed *MDM 09/17/2014*	*10:10.00*	*QCgroup*	*582745*
N **E-coli Colilert-18**		**NEGATIVE**	**in 100 mL**			01

1334352 499 — *Received:* 09/16/2014

Liquid Aqueous — *Collected by.* Client — *Affiliation.* TexAmericas Center — 09/16/2014 07:48 00

	Prepared:		*09/16/2014*	*07:48:00*		
Client			Analyzed *Cli 09/16/2014*	*07 48 00*	*QCgroup*	
z **Cl2 analyzed by client**		**1.53**	**mg/L**			
	Prepared:	***582744***	*09/17/2014*	*10:10:00*		
SM 9223 B (Colilert®-18)-97			Analyzed *MDM 09/17/2014*	*10 10.00*	*QCgroup*	*582744*
N **Total Coliform Colilert 18**		**NEGATIVE**	**in 100 mL**			01
	Prepared:	***582745***	*09/17/2014*	*10:10:00*		
SM 9223 B (Colilert®-18)-97			Analyzed *MDM 09/17/2014*	*10.10:00*	*QCgroup*	*582745*
N **E-coli Colilert-18**		**NEGATIVE**	**in 100 mL**			01

1334353 Water Tank — *Received:* 09/16/2014

Liquid Aqueous — *Collected by:* Client — *Affiliation:* TexAmericas Center — 09/16/2014 08:00.00

	Prepared:		*09/16/2014*	*08:00:00*		
Client			Analyzed *Cli 09/16/2014*	*08:00:00*	*QCgroup*	
z **Cl2 analyzed by client**		**0.77**	**mg/L**			
	Prepared:	***582744***	*09/17/2014*	*10:10:00*		
SM 9223 B (Colilert®-18)-97			Analyzed *MDM 09/17/2014*	*10:10:00*	*QCgroup*	*582744*
N **Total Coliform Colilert 18**		**NEGATIVE**	**in 100 mL**			01
	Prepared:	***582745***	*09/17/2014*	*10:10:00*		
SM 9223 B (Colilert®-18)-97			Analyzed *MDM 09/17 2014*	*10:10:00*	*QCgroup*	*582745*

Ana-Lab Corp. P.O. Box 9000 Kilgore, TX 75663

Phone 903/984-0551 FAX 903/984-5914 e-Mail corp@ana-lab.com

Employee Owned Integrity Caring Continual Improvement

Printed: 09/17/2014

Results

Results

Parameter	Results	Units	RL	Flags	CAS	Bottle

Received: 09/16/2014

1334353 **Water Tank**

Liquid Aqueous *Collected by.* Client *Affiliation* TexAmericas Center 09/16/2014 08:00:00

SM 9223 B (Colilert®-18)-97			Analyzed *MDM 09/17/2014 10 10:00*		*QCgroup*	*582745*
N **E-coli Colilert-18**	**NEGATIVE**	**in 100 mL**				01

Sample Preparation

Received: 09/16/2014

1334351 **Elliott Lake 1453**

	Prepared:		*09/16/2014*		*07:30:00*	
			Analyzed *Cli 09/16/2014*		*07:30:00* *QCgroup*	
z **Chlorine Residual Type**		**total**	**mg/L**			
	Prepared:	*582740*	*09/16/2014*		*14:00:00*	
SM 9223 B (Colilert®-18)-97			Analyzed *MDM 09/16/2014*		*14:00:00* *QCgroup*	*582740*
N **Total Coliform Set Started**		**STARTED**				01

Received: 09/16/2014

1334352 **499**

	Prepared:		*09/16/2014*		*07:48:00*	
			Analyzed *Cli 09/16/2014*		*07:48:00* *QCgroup*	
z **Chlorine Residual Type**		**total**	**mg/L**			
	Prepared:	*582740*	*09/16/2014*		*14:00:00*	
SM 9223 B (Colilert®-18)-97			Analyzed *MDM 09/16/2014*		*14:00:00* *QCgroup*	*582740*
N **Total Coliform Set Started**		**STARTED**				01

Received: 09/16/2014

1334353 **Water Tank**

	Prepared:		*09/16/2014*		*08:00:00*	
			Analyzed *Cli 09/16/2014*		*08:00:00* *QCgroup*	
z **Chlorine Residual Type**		**total**	**mg/L**			
	Prepared:	*582740*	*09/16/2014*		*14:00:00*	
SM 9223 B (Colilert®-18)-97			Analyzed *MDM 09/16/2014*		*14:00:00* *QCgroup*	*582740*
N **Total Coliform Set Started**		**STARTED**				01

Ana-Lab Corp. P.O. Box 9000 Kilgore, TX 75663

Phone 903/984-0551 FAX 903/984-5914 e-Mail corp@ana-lab.com

Employee Owned Integrity Caring Continual Improvement

Printed: 09/17/2014

Results

Qualifiers:

We report results on an 'As Received' or wet basis unless marked 'Dry Weight'. Unless otherwise noted, testing was performed at Ana-lab's corporate laboratory that holds the following Federal and State certificates: Texas Department of Health Lead Firm Certificate 2110076, US Department of Agriculture Soil Import Permit S-37592, Texas Commisson on Environmental Quality Drinking Water Laboratory Certificate TX219, Texas Commission on Environmental Quality NELAP T104704201, Oklahoma Department of Environmental Quality Drinking Water Certification Lab ID# D9913, EPA Lab Number TX00063, USEPA Approved Perchlorate Testing Lab, Oklahoma Department of Environmental Quality Laboratory Certificate 8125, Arkansas Department of Environmental Quality Certification #03-070-0, Louisiana Department of Environmental Quality Laboratory Certification (NELAP, LELAP) #02008, Louisiana Department of Health and Hospitals Drinking Water (NELAP) # LA030020, US Department of Energy Approved, State of Kansas Department of Health and Environment Waste Water and Solid/Hazardous Waste Cert. E-10365. The Accredited column designates accreditation by N -- NELAC, or z -- not covered under NELAC scope of accreditation.

These analytical results relate to the sample tested. This report may NOT be reproduced EXCEPT in FULL without written approval of Ana-Lab Corp. Unless otherwise specified, these test results meet the requirements of NELAC.
RL is the Reporting Limit (sample specific quantitation limit) and is at or above the Method Detection Limit (MDL). CAS is Chemical Abstract Service number.

C. H. Whiteside

C. H. Whiteside, Ph.D., President

Ana-Lab Corp. P.O. Box 9000 Kilgore, TX 75663

Phone 903/984-0551 FAX 903/984-5914 e-Mail corp@ana-lab.com LELAP-accredited #02008

Employee Owned Integrity Caring Continual Improvement

Quality Control

Printed 09/17/2014

0190021

Account: URSI -A

Project: 669108

Report To:

Philip Grant
TexAmericas Center
107 Chapel Lane
New Boston, TX 75570-

582744 Liquid Aqueous — **SM 9223 B (Colilert®-18)-9**

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	Out	File
P. aeruginosa	582740	NEGATIVE	NEGATIVE	in 100 mL		-		114794418
Standard E. coli	582740	POSITIVE	POSITIVE	in 100 mL		-		114794420
Standard K.pneumoniae	582740	POSITIVE	POSITIVE	in 100 mL		-		114794419

582745 Liquid Aqueous — **SM 9223 B (Colilert®-18)-9**

Standard

Parameter	Sample	Reading	Known	Units	Recover%	Limits%	Out	File
P. aeruginosa	582740	NEGATIVE	NEGATIVE	in 100 mL		-		114794502
Standard E. coli	582740	POSITIVE	POSITIVE	in 100 mL		-		114794504
Standard K.pneumoniae	582740	NEGATIVE	NEGATIVE	in 100 mL		-		114794503

RPD is Relative Percent Difference: abs(r1-r2) / mean(r1,r2) * 100%

Recover% is Recovery Percent: result / known * 100%

669108 CoC Print Group 001 of 001

TCEQ	MICROBIAL MONITORING FORM
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)	
Public Water System ID: (Must be 7 digits, include all zeros)	0 1 9 0 0 2 1
Public Water System Name:	TexAmericas Center
County:	Bowie ~~005057~~ ☐ CF; 005514 ☐ CF; ~~003688~~ ☒ ~~CF~~ -0.1

Send Results To:

Name:	TexAmericas Center
Address:	107 Chapel Lane
City:	New Boston
State:	Texas
Zip:	75570-
Phone #:	903-832-4666
Fax #:	903-838-1613
Sampler Name:	David Matthews
Sampler Contact #:	903-277-8364 ☐ Owner ☒ Operator ☐ Other:

System Type: (✓) ☒ Public ☐ Private ☐ Bottled/Vended ☐ Other

Water Source: (✓) ☐ Groundwater ☒ Surface Water ☐ Groundwater with Surface Water Influence

Ana-Lab Client Code:	Ana-Lab Corporation
URSI	2600 Dudley Rd. PO Box 9000 Kilgore, TX 75662 Kilgore, TX 75663 Phone: (903) 984-0551 Fax: (903) 984-5914 E-mail: corp@ana-lab.com TCEQ Lab ID: TX 219

ACCREDITED IN ACCORDANCE WITH NELAC — NELAC Certificate #: T104704201

Test results meet all requirements of NELAC unless stated otherwise.

LABORATORY USE ONLY - DO NOT MARK TO THE RIGHT OF THE BOLD CENTER LINE

Relinquished	Affiliation	Received	Affiliation	Date / Time
[signature]	TAC	[signature]	Ana-Lab	9-16-14 0904
[signature]	Ana-Lab	[signature]		9-16-14 1200
		Gayle Gardner	Ana-Lab	

Sample Iced?: Yes ✓ No	Tested By:	MOM	Date / Time Tested:	9-16-14 1400
If no, temp at receipt: <1 °C	Reported By:	MOM	Date / Time Reported:	9-17-14 1010

See Analytical Report for: Report Approval Signature/Title, Approving Technical Director, Date of Approval

Lab Results — Note: All test results relate only to the samples as received. Test Method: Colilert-18

Sample Identification/Location (Use Specific Address/Location NOT SITE #; Raw Wells Use Source ID for Well Sampled Ex: G1234567A)	Month	Day	Year	Time (Please circle AM or PM)	Distribution	Constituent	Raw Well	Special	Repeat	Include Lab ID of Originating Positive on all Repeat Samples	Chlorine Residual Total mg/L	Unsuitable Sample Please Resubmit* Rejection Criteria #	Total Coliform Present	Total Coliform Absent	E. coli Present	E. coli Absent	Laboratory Sample ID Number
Elliott lake 1453	9	16	14	0730 am	☒	☐	☐	☐	☐		1.18		☐	☒	☐	☒	1334351
499	9	16	14	0748 am	☒	☐	☐	☐	☐		1.53		☐	☒	☐	☒	1334352
Water Tank	9	16	14	0800 am	☒	☐	☐	☐	☐		.77		☐	☒	☐	☒	1334353

TCEQ Form 10300 8/2009	*Unsuitable Sample Analysis Rejection Criteria # Definitions	1) Sample too old. Analysis not initiated within 30 hours of collection 2) Quantity insufficient for analysis (100mL required)	3) Excessive Chlorine Residual (>10 mg/L) 4) Heavy Silt/Turbidity Present	5) Form Incomplete / Data Discrepancy (Errors Circled) 6) Other:

Rev 09/16/2011 If result is "Present," refer to TCEQ pub RG-346 May 2008 "30 TAC 290 Subchapter F: §290.109(c)" For questions call TCEQ at (512)239-4691.

TexAmericas CENTER®
107 CHAPEL LANE | NEW BOSTON, TEXAS 75570

October 3, 2014

CERTIFIED MAIL: 7010 3090 0002 9632 8093
RETURN RECEIPT REQUESTED

Mr. Ross B. Morgan
Water Section Manager
TCEQ Region 5
2916 Teague Dr.
Tyler, TX 75701-3734

RE: Compliance Plan for Track Numbers 546194 and 546196

Dear Mr. Morgan:

We have corrected the alleged violations associated with track numbers 546194 and 546196. Attached with this letter is the compliance documentation for both track numbers 546194 and 546196.

If you have any questions or concerns, please contact our Director of Environment/Safety/Occupational Health, Eli Hunt at (903) 223-9841 or eli.hunt@texamericascenter.com.

Sincerely,

Scott Norton
Executive Director/CEO

Attachments

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

December 2, 2014

Mr. Denis Washington, President
TexAmericas Center
107 Chapel Lane
New Boston, TX 75570

Re: Comprehensive Compliance Investigation at:
TexAmericas Center SWTP at Red River Army Depot,
Located at US 82 and Spur 86, W of Hooks (Bowie Co.), Texas
RN100224104; PWS ID No.: 0190021; Investigation No. 1209983

Dear Mr. Washington:

The Texas Commission on Environmental Quality (TCEQ) Tyler Region Office has received compliance documentation for the alleged violations noted during the investigation of the above-referenced system conducted August 14 and 15, 2014. The compliance documentation contained in your response appears to indicate that corrective action has been taken for the alleged violation(s) as outlined in the attached Summary of Investigation Findings. No further submittal from you is required concerning this investigation.

The Texas Commission on Environmental Quality appreciates your assistance in this matter and your compliance efforts to ensure protection of the State's environment. If you or members of your staff have any questions, please feel free to contact Mr. Kevin Glanton in the Tyler Region Office at (903) 535-5133.

Sincerely,

Ms. Cara Fisher, PWS Work Leader
Tyler Region Office

CCF/RKG

Enclosures: Summary of Investigation Findings

Summary of Investigation Findings

RED RIVER ARMY DEPOT
100 JAMES CARLOW DR
TEXARKANA, BOWIE COUNTY, TX 75507

Investigation # 1209983
Investigation Date: 11/20/2014

Additional ID(s): 0190021

ALLEGED VIOLATION(S) NOTED AND RESOLVED

Track No: 546194
30 TAC Chapter 290.44(h)(4)

Alleged Violation:
Investigation: 1191432 Comment Date: 08/20/2014

Failure to have all backflow prevention assemblies tested upon installation by a recognized backflow prevention assembly tester and certified to be operating within specifications. Backflow prevention assemblies which are installed to provide protection against health hazards must also be tested and certified to be operating within specifications at least annually by a recognized backflow prevention assembly tester.

During the investigation on 08/14/21014, a list of backflow prevention devices was reviewed, which included mostly devices installed for health hazards. Several of these devices were last tested over one year ago, such as in 2012 and not in 2013. The list is attached to this report.

Investigation: 1209983 Comment Date: 11/20/2014

Please see violation comments.

Resolution: During a file record review, backflow prevention assembly test reports for the current year, for the locations on the list attached to the CCI report, were reviewed.

Track No: 546196
30 TAC Chapter 290.109(c)(2)(A)(iii)

Alleged Violation:
Investigation: 1191432 Comment Date: 08/20/2014

Failure to submit at least six samples of water collected from the distribution system regularly each month to a TCEQ certified laboratory for bacteriological analysis as required by this agency's Drinking Water Standards.

During the investigation on 08/14/2014, the investigator documented that the system had been only collecting and submitting three bacteriological samples instead of the minimum of six due to the number of people served having increased over 5,000.

Investigation: 1209983 Comment Date: 11/20/2014

Please see violation comments.

Resolution: During a file record review, six bacteriological sample lab results showed that six samples are being taken each month in two intervals.

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Wilkin Zurn MODEL 975XL SIZE 3/4" SERIAL NO. 3487985

SERVICE NUMBER: _____ LOCATION: 420A Boiler House

SERVICE NAME/ADDRESS: READ

OWNER NAME/ADDRESS: READ

AR: 9.3 RVOP: 2.6

CHECK VALVE #2 8.0

CHECK VALVE #1 8.0

- [x] RP
- [ ] DC
- [ ] PVB
- [ ] SVB
- [ ] DCDA
- [ ] RPDA

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 8.0 PSID Leaked ☐	Held at 8.0 PSID Closed Tight ☑ Leaked ☐	Opened at 2.6 PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced
FINAL TEST	8.0 PSID	_____ PSID Closed Tight ☑	Opened at 2.6 PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST	Date 9-4-14 Time 7:32 AM Certified Tester No. 14467 ☑ Passed ☐ Failed	Test By (Signature) Stacey Sharp Print Name Stacey Sharp
REPAIR	Date _____ Time _____ Certified Tester No. _____	Repaired by (Signature) _____ Print Name _____
FINAL TEST	Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed	Test by (Signature) _____ Print Name

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 009M3QT SIZE 3/4 SERIAL NO. 379370

SERVICE NUMBER: 082 LOCATION: North End

SERVICE NAME/ADDRESS: Bldg 411

OWNER NAME/ADDRESS: RRAD

AR: 6.8 RVOP: 4.0

CHECK VALVE #2 HT

CHECK VALVE #1 6.8

RP [X]
DC [ ]
PVB [ ]
SVB [ ]
DCDA [ ]
RPDA [ ]

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 6.8 PSID Leaked [ ]	Held at HT PSID Closed Tight [✓] Leaked [ ]	Opened at 4.0 PSID Did Not Open [ ]	AIR INLET Opened at _____ PSID Did Not Open [ ]
Repairs: Give details of repairs made here.	[ ] Cleaned [ ] Replaced	[ ] Cleaned [ ] Replaced	[ ] Cleaned [ ] Replaced	CHECK VALVE Held at _____ PSID Leaked [ ] [ ] Cleaned [ ] Replaced
FINAL TEST	_____ PSID	_____ PSID Closed Tight [ ]	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST

Date 9-4-14 Time 8:00 am Certified Tester No. 15915 [X] Passed [ ] Failed

Test By (Signature) Robert W. Autrey Print Name Robert W. Autrey

REPAIR

Date _____ Time _____ Certified Tester No. _____

Repaired by (Signature) _____ Print Name _____

FINAL TEST

Date _____ Time _____ Certified Tester No. _____ [ ] Passed [ ] Failed

Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 009M3QT SIZE 3/4" SERIAL NO. 282485

SERVICE NUMBER: _____ LOCATION: 499 Cafeteria Vent-a-Hood Wash

SERVICE NAME/ADDRESS: RRAD #

OWNER NAME/ADDRESS: RRAD

AR: 9.0 RVOP: 2.0

CHECK VALVE #2 7.7

CHECK VALVE #1 7.9

RP ☑
DC ☐
PVB ☐
SVB ☐
DCDA ☐
RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 7.9 PSID ☐ Leaked	Held at 7.7 PSID ☑ Closed Tight ☐ Leaked	Opened at 2.0 PSID ☐ Did Not Open	AIR INLET Opened at _____ PSID ☐ Did Not Open CHECK VALVE Held at _____ PSID ☐ Leaked
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced
FINAL TEST	7.9 PSID	_____ PSID ☑ Closed Tight	Opened at 2.0 PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST

Date 9-3-14 Time 10:40am Certified Tester No. 14467 ☑ Passed ☐ Failed

Test By (Signature) Stacey Sharp Print Name Stacey Sharp

REPAIR

Date _____ Time _____ Certified Tester No. _____

Repaired by (Signature) _____ Print Name _____

FINAL TEST

Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed

Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 009M2QT SIZE 1½ SERIAL NO. 50768

SERVICE NUMBER: #043 LOCATION: Bld 5-04 Telephone Office N.E. outside

SERVICE NAME/ADDRESS: RRAD

OWNER NAME/ADDRESS: RRAD

AR: 8.2 RVOP: 2.2

CHECK VALVE #2 8.2

CHECK VALVE #1 8.2

RP ☑
DC ☐
PVB ☐
SVB ☐
DCDA ☐
RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 8.2 PSID Leaked ☐	Held at 8.2 PSID Closed Tight ☑ Leaked ☐	Opened at 2.2 PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced
FINAL TEST	8.2 PSID	_____ PSID Closed Tight ☑	Opened at 2.2 PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST

Date 9-3-14 Time 7:15AM Certified Tester No. 14467 ☑ Passed ☐ Failed

Test By (Signature) Stacey Sharp Print Name Stacey Sharp

REPAIR

Date _____ Time _____ Certified Tester No. _____

Repaired by (Signature) _____ Print Name _____

FINAL TEST

Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed

Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 009M2QT SIZE 1" SERIAL NO. 116630

SERVICE NUMBER: #058 LOCATION: 468 Auditorium Chiller Eqep. Rm

SERVICE NAME/ADDRESS: RRAD by Emergency Room

OWNER NAME/ADDRESS: RRAD

AR: 7.7 RVOP: 2.8

CHECK VALVE #2 7.8

CHECK VALVE #1 7.8

RP ☑
DC ☐
PVB ☐
SVB ☐
DCDA ☐
RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 7.8 PSID Leaked ☐	Held at 7.8 PSID Closed Tight ☑ Leaked ☐	Opened at 2.8 PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced
FINAL TEST	_____ PSID	_____ PSID Closed Tight ☐	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST

Date 9-3-14 Time 9:47 AM Certified Tester No. 14467 ☑ Passed ☐ Failed

Test By (Signature) Stacey Sharp Print Name Stacey Sharp

REPAIR

Date _____ Time _____ Certified Tester No. _____

Repaired by (Signature) _____ Print Name _____

FINAL TEST

Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed

Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Conbraco MODEL 40204T2 SIZE 3/4" SERIAL NO. 0045L

SERVICE NUMBER: - LOCATION: Radiator shop North wall

SERVICE NAME/ADDRESS: Bldg 373

OWNER NAME/ADDRESS: RRAD

AR: 8.8 RVOP: 2.8

CHECK VALVE #2 HT

CHECK VALVE #1 8.8

RP [X]
DC [ ]
PVB [ ]
SVB [ ]
DCDA [ ]
RPDA [ ]

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 8.8 PSID Leaked [ ]	Held at _____ PSID Closed Tight [X] Leaked [ ]	Opened at 2.8 PSID Did Not Open [ ]	AIR INLET Opened at _____ PSID Did Not Open [ ]
Repairs: Give details of repairs made here.	[ ] Cleaned [ ] Replaced	[ ] Cleaned [ ] Replaced	[ ] Cleaned [ ] Replaced	CHECK VALVE Held at _____ PSID Leaked [ ] [ ] Cleaned [ ] Replaced
FINAL TEST	_____ PSID	_____ PSID Closed Tight [ ]	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST	Date 9-3-14 Time 1:06 Certified Tester No. 15915 [X] Passed [ ] Failed	
	Test By (Signature) Robert W Autrey	Print Name ROBERT W AUTREY
REPAIR	Date _____ Time _____ Certified Tester No. _____	
	Repaired by (Signature) _____	Print Name _____
FINAL TEST	Date _____ Time _____ Certified Tester No. _____ [ ] Passed [ ] Failed	
	Test by (Signature) _____	Print Name

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Wilkins MODEL 975XL SIZE 3/4 SERIAL NO. 3646175

SERVICE NUMBER: #105 LOCATION: Bldg 373 west ctr

SERVICE NAME/ADDRESS: Bldg 373

OWNER NAME/ADDRESS: RRAD

AR: 8.8 RVOP: 2.8

CHECK VALVE #2 H.T.

CHECK VALVE #1 8.8

RP ☑
DC ☐
PVB ☐
SVB ☐
DCDA ☐
RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 8.8 PSID ☐ Leaked	Held at _____ PSID ☑ Closed Tight ☐ Leaked	Opened at 2.8 PSID ☐ Did Not Open	AIR INLET Opened at _____ PSID ☐ Did Not Open
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	CHECK VALVE Held at _____ PSID ☐ Leaked ☐ Cleaned ☐ Replaced
FINAL TEST	_____ PSID	_____ PSID ☐ Closed Tight	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST

Date 8-25-14 Time 1:00pm Certified Tester No. 15915 ☑ Passed ☐ Failed

Test By (Signature) Robert W. Autrey Print Name Robert W. Autrey

REPAIR

Date _____ Time _____ Certified Tester No. _____

Repaired by (Signature) _____ Print Name _____

FINAL TEST

Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed

Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 009MQT SIZE 2" SERIAL NO. 147171

SERVICE NUMBER: 059 LOCATION: BASEMENT EAST END

SERVICE NAME/ADDRESS: Bldg 373

OWNER NAME/ADDRESS: RRAD

AR: 7.0 RVOP: 3.0

CHECK VALVE #2 HT

CHECK VALVE #1 7.0

RP X
DC ☐
PVB ☐
SVB ☐
DCDA ☐
RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 7.0 PSID Leaked ☐	Held at ____ PSID Closed Tight X Leaked ☐	Opened at 3.0 PSID Did Not Open ☐	AIR INLET Opened at ____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	CHECK VALVE Held at ____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced
FINAL TEST	____ PSID	____ PSID Closed Tight ☐	Opened at ____ PSID	Air Inlet ____ PSID Check Valve ____ PSID

Comment(s): ____

INITIAL TEST: Date 9-3-14 Time 10:00am Certified Tester No. 15915 ☒ Passed ☐ Failed

Test By (Signature) [signature] Print Name Robert W. Autrey

REPAIR: Date ____ Time ____ Certified Tester No. ____

Repaired by (Signature) ____ Print Name ____

FINAL TEST: Date ____ Time ____ Certified Tester No. ____ ☐ Passed ☐ Failed

Test by (Signature) ____ Print Name ____

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Wilkins Zurn MODEL 975XL 12B-018 SIZE 1" SERIAL NO. 1258615

SERVICE NUMBER: #094 LOCATION: 421 East Dock on Chill Water make up

SERVICE NAME/ADDRESS: RRAD

OWNER NAME/ADDRESS: RRAD

AR: 9.6 RVOP: 2.7

CHECK VALVE #2 9.4

CHECK VALVE #1 9.4

RP ☑
DC ☐
PVB ☐
SVB ☐
DCDA ☐
RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 9.4 PSID ☐ Leaked	Held at 9.4 PSID ☑ Closed Tight ☐ Leaked	Opened at 2.7 PSID ☐ Did Not Open	AIR INLET Opened at _____ PSID ☐ Did Not Open
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	CHECK VALVE Held at _____ PSID ☐ Leaked ☐ Cleaned ☐ Replaced
FINAL TEST	9.4 PSID	_____ PSID ☑ Closed Tight	Opened at 2.4 PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST

Date 9-3-14 Time 12:23pm Certified Tester No. 14467 ☑ Passed ☐ Failed

Test By (Signature) Stacey Sharp Print Name Stacey Sharp

REPAIR

Date _____ Time _____ Certified Tester No. _____

Repaired by (Signature) _____ Print Name _____

FINAL TEST

Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed

Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 009M2QT SIZE 1 1/2 SERIAL NO. A03451

SERVICE NUMBER: Bldg 048 LOCATION: BLG 300 outside Mec Rm

SERVICE NAME/ADDRESS: RRAD

OWNER NAME/ADDRESS: RRAD

AR: 6.8 RVOP: 4.6

CHECK VALVE #2 7.6

CHECK VALVE #1 7.8

RP ☑
DC ☐
PVB ☐
SVB ☐
DCDA ☐
RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 7.8 PSID Leaked ☐	Held at 7.6 PSID Closed Tight ☒ Leaked ☐	Opened at 4.6 PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced
FINAL TEST	~~7.7~~ PSID	~~7.6~~ PSID Closed Tight ☒	Opened at ~~7.6~~ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: Replaced Watts 1½" 009M2QT ser. 50977

INITIAL TEST

Date 7-8-14 Time 1:26pm Certified Tester No. 32004467 ☒ Passed ☐ Failed

Test By (Signature) Stacey Sharp Print Name Stacey Sharp

REPAIR

Date _____ Time _____ Certified Tester No. _____

Repaired by (Signature) _____ Print Name _____

FINAL TEST

Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed

Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 909M2QT SIZE 2" SERIAL NO. 306578

SERVICE NUMBER: # 018 LOCATION: Bldg 548A wash rack

SERVICE NAME/ADDRESS: Bldg 548A

OWNER NAME/ADDRESS: READ

AR: 8.2 RVOP: 3.0

CHECK VALVE #2 H.T.

CHECK VALVE #1

RP ☒
DC ☐
PVB ☐
SVB ☐
DCDA ☐
RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 8.0 PSID Leaked ☐	Held at _____ PSID Closed Tight ☒ Leaked ☐	Opened at 3.0 PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced
FINAL TEST	_____ PSID	_____ PSID Closed Tight ☐	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST

Date 8-27-14 Time _____ Certified Tester No. 15915 ☒ Passed ☐ Failed

Test By (Signature) _____ Print Name ROBERT W. AUTREY

REPAIR

Date _____ Time _____ Certified Tester No. _____

Repaired by (Signature) _____ Print Name _____

FINAL TEST

Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed

Test by (Signature) _____ Print Name

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 009QT SIZE 1/2 SERIAL NO. 432969

SERVICE NUMBER: 124 LOCATION: Power Washer

SERVICE NAME/ADDRESS: Bldg 373A

OWNER NAME/ADDRESS: RRAD

AR: 8.6 psid RVOP: 4.4 psid

CHECK VALVE #2 H T

CHECK VALVE #1 8.6 psid

RP [X]
DC [ ]
PVB [ ]
SVB [ ]
DCDA [ ]
RPDA [ ]

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 8.6 PSID Leaked [ ]	Held at ____ PSID Closed Tight [X] Leaked [ ]	Opened at 4.4 PSID Did Not Open [ ]	AIR INLET Opened at ____ PSID Did Not Open [ ]
Repairs: Give details of repairs made here.	[ ] Cleaned [ ] Replaced	[ ] Cleaned [ ] Replaced	[ ] Cleaned [ ] Replaced	CHECK VALVE Held at ____ PSID Leaked [ ] [ ] Cleaned [ ] Replaced
FINAL TEST	____ PSID	____ PSID Closed Tight [ ]	Opened at ____ PSID	Air Inlet ____ PSID Check Valve ____ PSID

Comments: New Installation

INITIAL TEST: Date 9-3-14 Time ____ Certified Tester No. 15915 [X] Passed [ ] Failed

Test By (Signature) Robert W Autrey Print Name Robert W Autrey

REPAIR: Date ____ Time ____ Certified Tester No. ____

Repaired by (Signature) ____ Print Name ____

FINAL TEST: Date ____ Time ____ Certified Tester No. ____ [ ] Passed [ ] Failed

Test by (Signature) ____ Print Name ____

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 009 SIZE 3" SERIAL NO. 32906

SERVICE NUMBER: #5 LOCATION: EAST Wall MAIN water line

SERVICE NAME/ADDRESS: Bldg 319

OWNER NAME/ADDRESS: RRAD

AR: 9.2 RVOP: 2.6

CHECK VALVE #2 H.T.

CHECK VALVE #1 8.6

RP ☒
DC ☐
PVB ☐
SVB ☐
DCDA ☐
RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 8.6 PSID Leaked ☐	Held at _____ PSID Closed Tight ☒ Leaked ☐	Opened at 2.6 PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced
FINAL TEST	_____ PSID	_____ PSID Closed Tight ☐	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST

Date 8-27-14 Time _____ Certified Tester No. 15915 ☒ Passed ☐ Failed

Test By (Signature) Robert W. Autrey Print Name Robert W. Autrey

REPAIR

Date _____ Time _____ Certified Tester No. _____

Repaired by (Signature) _____ Print Name _____

FINAL TEST

Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed

Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Conbraco MODEL 40204A1 SIZE 3/4" SERIAL NO. 10088

SERVICE NUMBER: 069 LOCATION: Bldg 490 B 2nd Floor

SERVICE NAME/ADDRESS: Bldg 490B

OWNER NAME/ADDRESS: RRAD

AR: 8.9 RVOP: 2.2

CHECK VALVE #2 H.T.

CHECK VALVE #1 8.9

RP ☒
DC ☐
PVB ☐
SVB ☐
DCDA ☐
RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 8.9 PSID ☐ Leaked	Held at ____ PSID ☑ Closed Tight ☐ Leaked	Opened at 2.2 PSID ☐ Did Not Open	AIR INLET Opened at ____ PSID ☐ Did Not Open
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	CHECK VALVE Held at ____ PSID ☐ Leaked ☐ Cleaned ☐ Replaced
FINAL TEST	____ PSID	____ PSID ☐ Closed Tight	Opened at ____ PSID	Air Inlet ____ PSID Check Valve ____ PSID

Comments: _____

INITIAL TEST	Date 8-27-14	Time ____	Certified Tester No. 15915	☒ Passed ☐ Failed
	Test By (Signature) Robert W. Autrey		Print Name Robert W. Autrey	
REPAIR	Date ____	Time ____	Certified Tester No. ____	
	Repaired by (Signature) ____		Print Name ____	
FINAL TEST	Date ____	Time ____	Certified Tester No. ____	☐ Passed ☐ Failed
	Test by (Signature) ____		Print Name	

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Zurn Wilkins MODEL 975 SIZE 3" SERIAL NO. 27160

SERVICE NUMBER: #37 LOCATION: (Make-up water for cooling tower in compressor rm.

SERVICE NAME/ADDRESS: Bldg 324

OWNER NAME/ADDRESS: RRAD

AR: 7.8 RVOP: 2.8

CHECK VALVE #2 H.T.

CHECK VALVE #1 8.2

RP [X]
DC [ ]
PVB [ ]
SVB [ ]
DCDA [ ]
RPDA [ ]

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 8.2 PSID Leaked [ ]	Held at _____ PSID Closed Tight [✓] Leaked [ ]	Opened at 2.8 PSID Did Not Open [ ]	AIR INLET Opened at _____ PSID Did Not Open [ ]
Repairs made here. Give details of repairs	[ ] Cleaned [ ] Replaced	[ ] Cleaned [ ] Replaced	[ ] Cleaned [ ] Replaced	CHECK VALVE Held at _____ PSID Leaked [ ] [ ] Cleaned [ ] Replaced
FINAL TEST	_____ PSID	_____ PSID Closed Tight [ ]	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST	Date 8-27-14 Time 7:00am Certified Tester No. 15915 [X] Passed [ ] Failed	
	Test By (Signature) Robert W. Autrey	Print Name Robert W. Autrey
REPAIR	Date _____ Time _____ Certified Tester No. _____	
	Repaired by (Signature) _____	Print Name _____
FINAL TEST	Date _____ Time _____ Certified Tester No. _____ [ ] Passed [ ] Failed	
	Test by (Signature) _____	Print Name _____

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 909 SIZE 3" SERIAL NO. 190436

SERVICE NUMBER: # 110 LOCATION: Bldg 333 NE corner

SERVICE NAME/ADDRESS: Bldg 333 RRAD

OWNER NAME/ADDRESS: RRAD

AR: 6.5 RVOP: 2.4

CHECK VALVE #2 H.T.

CHECK VALVE #1 6.5

RP ☑
DC ☐
PVB ☐
SVB ☐
DCDA ☐
RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 6.5 PSID ☐ Leaked	Held at ____ PSID ☑ Closed Tight ☐ Leaked	Opened at 2.4 PSID ☐ Did Not Open	AIR INLET Opened at ____ PSID ☐ Did Not Open
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	CHECK VALVE Held at ____ PSID ☐ Leaked ☐ Cleaned ☐ Replaced
FINAL TEST	____ PSID	____ PSID ☐ Closed Tight	Opened at ____ PSID	Air Inlet ____ PSID Check Valve ____ PSID

Comments: _____

INITIAL TEST

Date 8-26-14 Time 3:00pm Certified Tester No. 15915 ☒ Passed ☐ Failed

Test By (Signature) Robert W Autrey Print Name Robert W Autrey

REPAIR

Date _____ Time _____ Certified Tester No. _____

Repaired by (Signature) _____ Print Name _____

FINAL TEST

Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed

Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE WATTS MODEL 909QT SIZE 3" SERIAL NO. 161582

SERVICE NUMBER PLBG 091 LOCATION: BLD 468

SERVICE NAME/ADDRESS: BASEMENT Equipment Room

OWNER NAME/ADDRESS: READ

AR: 7.8 RVOP: 2.8

CHECK VALVE #2 Hi

CHECK VALVE #1 7.8

RP ☑
DC ☐
PVB ☐
SVB ☐
DCDA ☐
RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 7.8 PSID Leaked ☐	Held at _____ PSID Closed Tight ☑ Leaked ☐	Opened at 2.8 PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced
FINAL TEST	_____ PSID	_____ PSID Closed Tight ☐	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST

Date 8-26-14 Time 1:09pm Certified Tester No. 15915 ☑ Passed ☐ Failed

Test By (Signature) _____ Print Name Robert W. Autrey

REPAIR

Date _____ Time _____ Certified Tester No. _____

Repaired by (Signature) _____ Print Name _____

FINAL TEST

Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed

Test by (Signature) _____ Print Name _____

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE WATTS MODEL 009QT SIZE 2 1/2" SERIAL NO. 4212B5

SERVICE NUMBER: # 125 LOCATION: Bldg 468 BASEMENT

SERVICE NAME/ADDRESS: Bldg 468 RRAD

OWNER NAME/ADDRESS: RRAD

AR: 5.8 RVOP: 3.4

CHECK VALVE #2 H.T.

CHECK VALVE #1 5.6

RP ☐
DC ☐
PVB ☐
SVB ☐
DCDA ☐
RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 5.6 PSID ☐ Leaked	Held at _____ PSID ☑ Closed Tight ☐ Leaked	Opened at 3.4 PSID ☐ Did Not Open	AIR INLET Opened at _____ PSID ☐ Did Not Open
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	CHECK VALVE Held at _____ PSID ☐ Leaked ☐ Cleaned ☐ Replaced
FINAL TEST	_____ PSID	_____ PSID ☐ Closed Tight	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments: _____

INITIAL TEST	Date 8-26-14 Time 1:30pm Certified Tester No. 15915 ☒ Passed ☐ Failed	Test By (Signature) Robert A Autrey Print Name Robert A. Autrey
REPAIR	Date _____ Time _____ Certified Tester No. _____	Repaired by (Signature) _____ Print Name _____
FINAL TEST	Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed	Test by (Signature) _____ Print Name

TEXARKANA, TX 75507-5000

BACKFLOW PREVENTION ASSEMBLY FIELD TEST REPORT

MANUFACTURE Watts MODEL 009 MB QT SIZE 3/4 SERIAL NO. 364667

SERVICE NUMBER: #106 LOCATION: Bldg 441

SERVICE NAME/ADDRESS: North West Dock Power WASHER

OWNER NAME/ADDRESS:

AR: 80 RVOP: 3.0

CHECK VALVE #2 H.T.

CHECK VALVE #1 8.0

RP ☑
DC ☐
PVB ☐
SVB ☐
DCDA ☐
RPDA ☐

REDUCED PRESSURE PRINCIPLE ASSEMBLY

DOUBLE CHECK VALVE ASSEMBLY

	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	PVB/SVB
INITIAL TEST	Held at 8.0 PSID Leaked ☐	Held at _____ PSID Closed Tight ☒ Leaked ☐	Opened at 3.0 PSID Did Not Open ☐	AIR INLET Opened at _____ PSID Did Not Open ☐
Repairs: Give details of repairs made here.	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	☐ Cleaned ☐ Replaced	CHECK VALVE Held at _____ PSID Leaked ☐ ☐ Cleaned ☐ Replaced
FINAL TEST	_____ PSID	_____ PSID Closed Tight ☐	Opened at _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID

Comments:

INITIAL TEST	Date 5-8-14 Time 1300 Certified Tester No. 9340 ☒ Passed ☐ Failed	Test By (Signature) Robert W. Autrey Print Name Robert W. Autrey
REPAIR	Date _____ Time _____ Certified Tester No. _____	Repaired by (Signature) _____ Print Name _____
FINAL TEST	Date _____ Time _____ Certified Tester No. _____ ☐ Passed ☐ Failed	Test by (Signature) _____ Print Name