



## **Filing Receipt**

**Filing Date - 2023-10-12 02:58:52 PM**

**Control Number - 54453**

**Item Number - 230**

UN

NAME OF PWS:

PWS ID#:

PWS MAILING ADDRESS:

PWS CONTACT PERSON:

Date of Test: 10/11/23 Time: 5:30 ☐ AM ☒ PM

Backflow Test Result: ☒ Passed ☐ Failed

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping. 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.

**\*BACKFLOW PREVENTION ASSEMBLY TEST and MAINTENANCE REPORT**

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Customer Information - Please Print

Property Owner/Agent:

Mailing Address:

City: Salado State: TX Zip: 76571 Phone:

Backflow Assembly Information - Please Print

Serial Number: 52936B Manufacturer: Apollo Model: RP4A Size: 1"

☐ New ☒ Existing ☐ Replacement Replacement For Old Serial/Model#:

Is this commercial property? Yes: ☐ No: ☒

Occupant/Business Name:

Physical Address:

Assembly location on the property:

Reason the assembly is installed:

Is the assembly installed in accordance with manufacturer recommendation and/or local codes? ☒ Yes ☐ No

Is the assembly installed on a non-potable water supply (auxiliary)? ☐ Yes ☒ No

Type of Assembly

☒ Reduced Pressure Principle

☐ Double Check Valve

☐ Pressure Vacuum Breaker

☐ Reduced Pressure Principle-Detector

☐ Double Check-Detector

☐ Spill-Resistant Pressure Vacuum Breaker

**Reduced Pressure Principle Assembly (RPBA)**

**DCVA**

**PVB&SVB**

1st Check	2nd Check ***	Air Inlet	Check Valve
Held at 7.0 psid	Held at ____ psid	Opened at ____ psid	Held at ____ psid
Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did It fully open (Yes <input type="checkbox"/> / No <input type="checkbox"/> )	
REPAIRS & MATERIALS USED***			
Test After Repairs			
Held at ____ psid	Held at ____ psid	Opened at ____ psid	Held at ____ psid
Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		

Remarks:

Test gauge used: Potable ☒ Non-Potable ☐

Make: CONBRACO Model: TK-SU Serial Number: 12031031 Calibration Date: 4/5/23

Signature: John Preston

Name: John Preston Certification # 0008797 Expiration: 1/25/26

Firm Name: J&R Testing Address: Box 158 Salado TX Phone: 254 718-0946

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

\*Test Records must be kept for at least 3 years [30 TAC §290.46(B)]

\*\*Use only manufacturer's replacement parts

NAME OF PWS:

PWS ID#:

PWS MAILING ADDRESS:

PWS CONTACT PERSON:

Date of Test: 10/11/23 Time: 4:40 ☐ AM ☒ PMBackflow Test Result: ☒ Passed ☐ Failed

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping.  
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.

## \*BACKFLOW PREVENTION ASSEMBLY TEST and MAINTENANCE REPORT

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

Customer Information - Please Print

Property Owner/Agent: Wendy Nelson

Mailing Address: 5336 Taylors Bend

City: Salado State: TX Zip: Phone:

Backflow Assembly Information - Please Print

Serial Number: HA10397 Manufacturer: Febco Model: 860 Size: 1"

☐ New ☒ Existing ☐ Replacement Replacement For Old Serial/Model#:Is this commercial property? Yes: ☐ No: ☒

Occupant/Business Name: Resident

Physical Address: 5336 Taylors Bend

Assembly location on the property: Left Side

Reason the assembly is installed: Spill

Is the assembly installed in accordance with manufacturer recommendation and/or local codes? ☒ Yes ☐ NoIs the assembly installed on a non-potable water supply (auxiliary)? ☐ Yes ☒ No

Type of Assembly

☒ Reduced Pressure Principle ☐ Reduced Pressure Principle-Detector  
☐ Double Check Valve ☐ Double Check-Detector  
☐ Pressure Vacuum Breaker ☐ Spill-Resistant Pressure Vacuum Breaker

## Reduced Pressure Principle Assembly (RPBA)

## PVB&amp;SVB

## DCVA

1st Check	2nd Check ***	Air Inlet	Check Valve
Held at 8.0 psid	Held at ____ psid	Opened at ____ psid	Held at ____ psid
Closed Tight <input type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Did Not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did it fully open (Yes <input type="checkbox"/> / No <input type="checkbox"/> )	
REPAIRS & MATERIALS USED***			
Test After Repairs			
Held at ____ psid	Held at ____ psid	Opened at ____ psid	Held at ____ psid
Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>		

Remarks:

Test gauge used: Potable ☒ Non-Potable ☐

Make: CONBRACO Model: TK-SU Serial Number: 12031031 Calibration Date: 4/5/23

Signature: John Preston

Name: John Preston Certification # 0008797 Expiration: 1/25/26

Firm Name: J&amp;R Testing Address: Box 158 Salado TX Phone: 254 718-0946

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

\*Test Records must be kept for at least 3 years [38 TAC §290.46(B)]

\*\*Use only manufacturer's replacement parts



Forward This Original Report to: Public Works Utilities  
3210 E. Avenue H, Bldg A, Ste 123  
Temple, TX 76501  
(254) 298-5619  
Water System ID No. 0140005

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping purposes\*\*.

### Test and Maintenance Report

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

#### Customer Information - Please Print

Property Owner/Agent: OMEGA  
Mailing Address: 2008 CLEAR SKY  
City: Temple State: T Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

#### Backflow Assembly Information - Please Print

Serial Number: 589421 Manufacturer: WALLS Model: 007M1 Size: 1"  
☒ New ☐ Existing ☐ Replacement (Replacement for: \_\_\_\_\_)  
Is this commercial property? ☐ Yes ☒ No Water Meter #: \_\_\_\_\_  
Occupant/Business Name: Resident  
Physical Address: 2008 CLEAR SKY  
Assembly location on the property: Front Left By Meter  
Reason the assembly is installed: SPRINKLER

#### Type of Assembly

☐ Reduced Pressure Principle ☐ Reduced Pressure Principle-Detector  
☒ Double Check Valve ☐ Double Check-Detector  
☐ Pressure Vacuum Breaker ☐ Spill-Resistant Pressure Vacuum Breaker

Is the assembly installed in accordance with manufacturer recommendation and/or local codes? ☒ Yes ☐ No

Initial Test	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
	Held at <u>1.6</u> PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at <u>1.6</u> PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at _____ PSID <input type="checkbox"/> Did Not Open	Opened at _____ PSID <input type="checkbox"/> Did Not Open	Held at _____ PSID <input type="checkbox"/> Leaked
Repairs & Materials Used*					
Test After Repairs	Held at _____ PSID <input type="checkbox"/> Closed Tight	Held at _____ PSID <input type="checkbox"/> Closed Tight	Opened at _____ PSID	Opened at _____ PSID	Held at _____ PSID

By signing below, I certify that all information on this test and maintenance report is true and correct at time of testing.

Backflow Test Status Pass Fail Date of test 9/26/23  
Test gauge used: Make/Model CONRAD TK5U Gauge Serial Number 12031031  
Date Tested for Accuracy 4/5/23  
Backflow Technician John Preston Certification Number 0008797  
Company Name J & R Testing  
Company Address Box 158 SALADO  
Phone ( 254 ) 718-0946 Technician's Signature: John Preston

\*Use only Manufacturers replacement parts / \*\*Test records must be kept on file for at least 3 years.



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### Test and Maintenance Report

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#### Customer Information - Please Print

Property Owner/Agent: OMEGA  
Mailing Address: 2024 CLEAR SKY  
City: Temple State: TX Zip:   
Phone:

#### Backflow Assembly Information - Please Print

Serial Number: 586011 Manufacturer: Watts Model: DD741L Size: 1"  
☒ New ☐ Existing ☐ Replacement (Replacement for: )  
Is this commercial property? ☐ Yes ☒ No Water Meter #:   
Occupant/Business Name: Resident  
Physical Address: 2024 CLEAR SKY  
Assembly location on the property: Front Right By Meter  
Reason the assembly is installed: SPRINKLER

#### Type of Assembly

- ☒ Reduced Pressure Principle ☐ Reduced Pressure Principle-Detector  
☒ Double Check Valve ☐ Double Check-Detector  
☐ Pressure Vacuum Breaker ☐ Spill-Resistant Pressure Vacuum Breaker

Is the assembly installed in accordance with manufacturer recommendation and/or local codes? ☒ Yes ☐ No

Initial Test	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Held at <u>1.6</u> PSID	Held at <u>2.0</u> PSID	Opened at <u></u> PSID	Opened at <u></u> PSID	Held at <u></u> PSID	
<input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Leaked	
Repairs & Materials Used*					
Test After Repairs	Held at <u></u> PSID <input type="checkbox"/> Closed Tight	Held at <u></u> PSID <input type="checkbox"/> Closed Tight	Opened at <u></u> PSID	Opened at <u></u> PSID	Held at <u></u> PSID

By signing below, I certify that all information on this test and maintenance report is true and correct at time of testing.

Backflow Test Status ☒ Pass ☐ Fail Date of test 7/26/23  
Test gauge used: Make/Model CONTRACO TK5U Gauge Serial Number 12031031  
Date Tested for Accuracy 4/5/23  
Backflow Technician John Preston Certification Number 0008797  
Company Name J&R Testing  
Company Address Box 158 SALADO  
Phone (254) 718-0946 Technician's Signature: John Preston

\*Use only Manufacturers replacement parts / \*\*Test records must be kept on file for at least 3 years.



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3210 E. Avenue H, Bldg A, Ste 123  
Temple, TX 76501  
(254) 298-5619  
Water System ID No. 0140005

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping purposes\*\*.

### Test and Maintenance Report

ILLEGIBLE OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

#### Customer Information - Please Print

Property Owner/Agent: WMCAP  
Mailing Address: 2020 Clear Sky  
City: Temple State: TX Zip:   
Phone:

#### Backflow Assembly Information - Please Print

Serial Number: 586012 Manufacturer: Watts Model: 007M1 Size: 1 1/4  
☒ New ☐ Existing ☐ Replacement (Replacement for: )  
Is this commercial property? ☐ Yes ☒ No Water Meter #:   
Occupant/Business Name: Resident  
Physical Address: 2020 Clear Sky  
Assembly location on the property: Front Left By Meter  
Reason the assembly is installed: SPRINKLER

#### Type of Assembly

- ☐ Reduced Pressure Principle ☐ Reduced Pressure Principle-Detector  
☒ Double Check Valve ☐ Double Check-Detector  
☐ Pressure Vacuum Breaker ☐ Spill-Resistant Pressure Vacuum Breaker

Is the assembly installed in accordance with manufacturer recommendation and/or local codes? ☒ Yes ☐ No

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check			
Initial Test	Held at <u>1.4</u> PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Held at <u>1.7</u> PSID <input type="checkbox"/> Closed Tight <input type="checkbox"/> Leaked	Opened at <u></u> PSID <input type="checkbox"/> Did Not Open	Opened at <u></u> PSID <input type="checkbox"/> Did Not Open	Held at <u></u> PSID <input type="checkbox"/> Leaked
Repairs & Materials Used*					
Test After Repairs	Held at <u></u> PSID <input type="checkbox"/> Closed Tight	Held at <u></u> PSID <input type="checkbox"/> Closed Tight	Opened at <u></u> PSID	Opened at <u></u> PSID	Held at <u></u> PSID

By signing below, I certify that all information on this test and maintenance report is true and correct at time of testing.

Backflow Test Status ☒ Pass ☐ Fail Date of test 9/26/23  
Test gauge used: Make/Model CONTRACO TK5U Gauge Serial Number 12031031  
Date Tested for Accuracy 4/5/23  
Backflow Technician John Preston Certification Number 0008797  
Company Name J & R Testing  
Company Address Box 158 SALADO  
Phone (254) 718-0946 Technician's Signature: John Preston

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