



# Irrigation, Water and Wastewater Utility Cross Connection Section Test and Maintenance Report

\*New Installation  Date: 02/13/18 Water Meter # 10975797 Permit # \_\_\_\_\_  
 \*\*Annual Test  Date: \_\_\_\_\_ \*\*Semi-Annual Test  Date: \_\_\_\_\_  
 Address: 201 HIGHLAND SPRINGS LN. Residential  Commercial   
 Owner/Business Name: ASHBY SIGNATURE HOMES Phone Number: 512-943-9236  
 Model Number: 860 Size: 1"  
 Device Location: 7' NINE OF METER Serial Number: H73536  
 Manufacturer: FEBCO Reason device is installed: LANDSCAPE IRRIGATION

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER		
	DOUBLECHECK ASSEMBLY		Relief valve	Air relief	Check valve
	First check	Second check			
INITIAL TEST	closed tight <input checked="" type="checkbox"/> leaked <input type="checkbox"/> p.s.i. <u>—</u> RPZ <u>7.8</u> p.s.i.d.	closed tight <input checked="" type="checkbox"/> leaked <input type="checkbox"/> p.s.i. <u>—</u>	opened at <u>4.3</u> p.s.i.d.	opened at _____ p.s.i.d. Did not open <input type="checkbox"/>	closed at _____ p.s.i.d. Did not close <input type="checkbox"/>
BACKFLOW STATUS (CIRCLE)	<b>PASS</b>		FAIL		
MATERIALS AND REPAIRS					
TEST AFTER REPAIRS	closed tight <input type="checkbox"/> p.s.i. _____ RPZ _____ p.s.i.d.	closed tight <input type="checkbox"/> p.s.i. _____	opened at _____ p.s.i.d.	opened at _____ p.s.i.d.	closed at _____ p.s.i.d.

I certify the above information to be true and correct to the best of my knowledge.

Property owner/occupant: ASHBY SIGNATURE HOMES Owner/Contact: ASHBY SIGNATURE HOMES  
 Mailing address: 203 WILDWOOD DR. City: GEORGETOWN State: TX Zip: 78633  
 Certified Tester: (printed and signed) LEWIS R. SINCLAIR  
 Tester Certif. number: BPC002815 Gauge Number: 0611314  
 Tester's phone number: 512-563-8762

Please forward this completed report to

**\* FOR ALL NEW INSTALLATIONS, COMPLETED ORIGINAL TEST FORM MUST BE PLACED IN THE VALVE BOX AND MUST SCHEDULE INSPECTION ONLINE AT MYPERMITNOW.ORG FOR REQUIRED INSPECTION. NEW INSTALLATIONS THAT ARE PART OF NEW CONSTRUCTION FROM THE GROUND UP, ORIGINAL REPORT MUST BE SUBMITTED TOGETHER WITH JOB PACKET AND IS INSPECTED DURING THE BUILDING FINAL INSPECTION.** Questions, please call our office at (512) 930-2550  
**\*\*ANNUAL /SEMI-ANNUAL TEST:** City of Georgetown Water Services Department, 300-1 Industrial Ave, P O Box 1458, Georgetown, Texas 78627, Attn: Adam Young Tel: 512-930-8148 Fax: 512-930-0232  
 E-mail: adam.young@georgetown.org  
*Failure to return this form within 10 business days of inspection may result in disconnection of water service.*