



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

*New Installation Date: 02/19/18 Water Meter # 11073381 Permit # _____
 **Annual Test Date: _____ **Semi-Annual Test Date: _____
 Address: 245 FANNIN BATTLEGROUND LN Residential Commercial
 Owner/Business Name: HIGHLAND HOMES Phone Number: 972-789-3500
 Model Number: 850 Size: 1"
 Device Location: 15 N 7' SW OF METER Serial Number: HE51970
 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"/> <u>2.5</u> p.s.i. _____ RPZ _____ p.s.i.d. _____ | closed tight <input checked="" type="checkbox"/> leaked <input type="checkbox"/> <u>2.2</u> p.s.i. _____ | opened at _____ 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) | PASS | 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: HIGHLAND HOMES Owner/Contact: HIGHLAND HOMES
 Mailing address: 5601 DEMOCRACY #300 City: PLANO State: TX Zip: 75024
 Certified Tester: (printed and signed) LEWIS R. SINCLAIR
 Tester Certif. number: BPO002815 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.