



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

*New Installation Date: 01/25/18 Water Meter # NA Permit # _____
 **Annual Test Date: _____ **Semi-Annual Test Date: _____
 Address: 6153 LAKE TEXAVISTA WAY Residential Commercial
 Owner/Business Name: CAL ATLANTIC HOMES Phone Number: 512-500-4000
 Model Number: 850 Size: 1"
 Device Location: 8' SSW OF METER Serial Number: AES1340
 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 <u>2.5</u> <input type="checkbox"/> p.s.i. _____ RPZ _____ p.s.i.d. _____	closed tight <input checked="" type="checkbox"/> leaked <u>2.7</u> <input type="checkbox"/> p.s.i. _____ p.s.i.d. _____	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)	<u>PASS</u>		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. _____ p.s.i.d. _____	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: CAL ATLANTIC HOMES Owner/Contact: CAL ATLANTIC HOMES
 Mailing address: 11001 LAKELINE BLVD, BLDG 1 City: AUSTIN State: TX Zip: 78717
 Certified Tester: (printed and signed) LEWIS R. SINCLAIR
 Tester Certif. number: BPC002815 Gauge Number: 00111314
 Tester's phone number: 512-503-8762

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.