



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

0120 PM

\*New Installation  Date: 071218 Water Meter # NA Permit # \_\_\_\_\_

\*\*Annual Test  Date: \_\_\_\_\_ \*\*Semi-Annual Test  Date: \_\_\_\_\_

Address: 2012 DISCOVERY WELDR Residential  Commercial

Owner/Business Name: HIGHLAND HOMES Phone Number: 972-783-3500

Model Number: 850 Size: 1" Device Location: 11' SSW OF METER Meter Number: HES6616

Manufacturer: FERCO Reason device is installed: IRRIGATION / POTABLE WATER

RP \_\_\_\_\_ DC  PVB \_\_\_\_\_ SVB \_\_\_\_\_ DCDA \_\_\_\_\_ RPDA \_\_\_\_\_ High Health: YES:  NO:

	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>2.0</u> RPZ <u>—</u> p.s.i.d.	closed tight <input checked="" type="checkbox"/> leaked <input type="checkbox"/> p.s.i. <u>3.0</u>	opened at _____ p.s.i.d.	opened at _____ p.s.i.d.	closed at _____ p.s.i.d. Did not open <input type="checkbox"/> Did not close <input type="checkbox"/>
TEST BEFORE 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: HIGHLAND HOMES Owner/Contact: HIGHLAND HOMES

Certified Tester: (printed and signed) LEWIS R. SINCLAIR

Mailing address: 1307 MACHADO ROAD City: CEDAR PARK State: TX Zip: 78613

Tester Certif. number: BPC002815 Gauge Serial: 0611314

Tester's phone number: 512-563-8162 Manufacturer: MIDWEST Model: 845-3

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 – **Billing** questions, please call Customer Service at 512)930-3640.

**\*\*ANNUAL /SEMI-ANNUAL TEST:** City of Georgetown Customer Care Center, 300-1 Industrial Ave, P O Box 1430, Georgetown, Texas 78627.

E-mail: [customer@georgetown.org](mailto:customer@georgetown.org)

*Failure to return this form within 10 business days of inspection may result in disconnection of water service.*

**\*\*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS\*\***

**\*\*\*USE ONLY MANUFACTURER'S REPLACEMENT PARTS\*\*\***