



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

1100AM

*New Installation ☒ Date: 052819 Water Meter # NA Permit # _____

**Annual Test ☐ Date: _____ **Semi-Annual Test ☐ Date: _____
Address: 4324 HANNOVER WAY Residential ☒ Commercial ☐

Owner/Business Name: TRENDMAKER HOMES Phone Number: 281-675-3200

Model Number: 850 Size: 1" Device Location: 7' N of METER Serial Number: HE87445

Manufacturer: LRS A FEBCO Reason device is installed: IRRIGATION w/ 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 <u>2.8</u> <input checked="" type="checkbox"/> p.s.i. <u>2.8</u> RPZ <u> </u> p.s.i.d. <u> </u>	closed tight <input checked="" type="checkbox"/> leaked <u>2.9</u> <input checked="" type="checkbox"/> p.s.i. <u>2.9</u> p.s.i.d. <u> </u>	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)	<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">PASS</div>		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: TRENDMAKER HOMES Owner/Contact: TRENDMAKER HOMES

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

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

Tester Certif. number: BP0002815 Gauge Serial: 06111314

Tester's phone number: 512-563-8762 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: customercare@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*****