



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

1140AM

\*New Installation  Date: 07-23-19 Water Meter # NA Permit # \_\_\_\_\_

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

Address: 205 COOPERS HILL RD. Residential  Commercial

Owner/Business Name: ASHBY SIGNATURE HOMES Phone Number: 512-943-9236

Model Number: R975XLZ Size: 1" Device Location: 4' N of METER Serial Number: 4355527

Manufacturer: WILKINS ZURN 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. _____ RPZ <u>94</u> p.s.i.d. _____	closed tight <input checked="" type="checkbox"/> leaked <input type="checkbox"/> p.s.i. _____	opened at <u>4.5</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)	<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. _____	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

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

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

Tester Certif. number: BP0002415 Gauge Serial: 06111314

Tester's phone number: 512-563-8762 Manufacturer MIDWEST Model E45-3

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\*\*\***

## Lewis Sinclair

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**From:** jason@bestoftexaslandscapes.com  
**Sent:** Friday, July 19, 2019 11:37 AM  
**To:** Lewis Sinclair  
**Subject:** 205 coopers Hill in georgetown

We irrigated this on 7/10 while I was gone. Please test. new sub so let me know if you see any problems. Its Ashby custom homes.

Jason Stubblefield  
Best of Texas Landscapes, LLC  
512-547-0711(mobile)  
512-228-4833(Office)