



Travis County Water Control and Improvement District No. 17
3812 Eck Lane · Austin, Texas 78734

Water and Wastewater Utility Cross Connection Section Test and Maintenance Report

Date: 08/09/19

Residential



Commercial



New Installation



- leave test report on device

Annual Test



- fax results

Semiannual Test



- fax results

Results must be submitted within 5 days. Illegible or incomplete reports will not be accepted.

| Backflow Assembly Information | | Please Print | |
|-----------------------------------|--------------------------------|---------------|---------------|
| Serial Number: | <u>932788</u> | Manufacturer: | <u>APOLLO</u> |
| Occupant/Business Name: | <u>TAYLOR MORRISON</u> | | |
| Physical Address: | <u>816 MORNING MOON CIRCLE</u> | | |
| Assembly Location on Property: | <u>RIGHT SIDE OF HOUSE</u> | | |
| Reason the assembly is installed: | <u>LANDSCAPE IRRIGATION</u> | | |

TYPE OF ASSEMBLY:



Reduced Pressure Principle



Double Check Valve



Pressure Vacuum Breaker



Reduced Pressure Principle-Detector



Double Check - Detector



Spill-Resistant Pressure Vacuum Breaker

| | Reduced Pressure Principle Assembly | | | Pressure Vacuum Breaker | |
|----------------------------|--|--|--|--|--|
| | Double Check Valve Assembly | | Relief Valve | Air Inlet | Check Valve |
| | 1st Check | 2nd Check | | | |
| Initial Test | Held at <u>9.1</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> | Held at ____ psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> | Opened at <u>4.0</u> psid Did not open <input type="checkbox"/> | Opened at ____ psid Did not open <input type="checkbox"/> | Held at ____ psid Leaked <input type="checkbox"/> |
| Repairs and Materials Used | | | | | |
| Test After Repair | Held at ____ psid Closed Tight <input type="checkbox"/> | Held at ____ psid Closed Tight <input type="checkbox"/> | Opened at ____ psid | Opened at ____ psid | Held at ____ psid |

The above is certified to be true?

YES

Is this assembly installed in accordance with Local Codes?

YES

FINAL BACKFLOW TEST STATUS

Pass

Fail

Test gauge used: Make/Model

MIDWEST 845-3 00111314

Calibration Date: 04/29/19

Remarks:

NONE

Company Name: LSINGULAR SERVICES

Backflow Technician (print) LEWIS R. SINGULAR

Address: CEDAR PARK TX 78613

Certified Tester (Signature) [Signature]

Phone #: 512-563-8762

Cert. Tester No.

BPO002815

Fax completed form: (annual/semiannual only)

Residential (512) 266-2790

Commercial:

(512) 266-4871