



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

0300 PM

*New Installation Date: 110419 Water Meter # NA Permit # _____

**Annual Test Date: _____ **Semi-Annual Test Date: _____
Address: 220 AXIS LOOP Residential Commercial

Owner/Business Name: DREES HOMES Phone Number: 512-241-7100

Model Number: 850 Size: 1" Device Location: 2' ENE OF METER Serial Number: HF14859

Manufacturer: 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>3.0</u> <input checked="" type="checkbox"/> p.s.i. <u>3.0</u> RPZ _____ p.s.i.d. _____ | closed tight <input checked="" type="checkbox"/> leaked <u>2.7</u> <input checked="" type="checkbox"/> p.s.i. <u>2.7</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) | <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: DREES HOMES Owner/Contact: DREES HOMES

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