



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

1105A

\*New Installation  Date: 11/30/21 Water Meter # \_\_\_\_\_ Permit # \_\_\_\_\_

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

Address: 3805 SIR NOAH TUCKER DR Residential  Commercial

Owner/Business Name: HIGHLAND HOMES Phone Number: 972-789-3500

Model Number: 850 Size: 1" Device Location: 5' SSW of Meter Serial Number: HF58041

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"/><br>leaked <u>2.0</u> <input type="checkbox"/><br>p.s.i. _____<br>RPZ _____<br>p.s.i.d. _____ | closed tight <input checked="" type="checkbox"/><br>leaked _____ <input type="checkbox"/><br>p.s.i. <u>2.0</u> | opened at _____<br>p.s.i.d. _____ | opened at _____<br>p.s.i.d. _____<br>Did not open <input type="checkbox"/> | closed at _____<br>p.s.i.d. _____<br>Did not close <input type="checkbox"/> |
| BACKFLOW STATUS (CIRCLE) | PASS  |  | FAIL                              |  |   |
| MATERIALS AND REPAIRS    |   |  |                                   |  |   |
| TEST AFTER REPAIRS       | closed tight <input type="checkbox"/><br>p.s.i. _____<br>RPZ _____<br>p.s.i.d. _____  | closed tight <input type="checkbox"/><br>p.s.i. _____  | opened at _____<br>p.s.i.d. _____ | opened at _____<br>p.s.i.d. _____  | closed at _____<br>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 B. SINGLAIR

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

Tester Certif. number: BP002845 Gauge Serial: 03162474

Tester's phone number: 512-563-8162 Manufacturer: UNLIMITED Model: BAC-FLO-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](mailto: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\*\*\***