

# Backflow Prevention Assembly Test Report

Service Address	Hazard/CCID: 42215	Location: <u>420 Blue Oak Blvd</u>
* SAN MARCOS, TX 78666	Meter#: <u>89775300</u>	Serial #: _____ Check if Correct <input type="checkbox"/> Corrections <u>H602405</u>
Site Use: _____	LID/Service: _____	Manufacturer: <u>Febc0</u>
Hazard: <u>Irrigation/Low</u>	Account #: _____	Model: <u>850</u>
Mailing Address		Type: <u>DCVA</u>
<u>420 Blue Oak Blvd</u>		Size: <u>1"</u>
<u>San Marcos, TX 78666</u>		Orientation: <u>H</u>
		Protection: <u>Low Irrigation</u>

<b>Test Due No Later than:</b>	Existing <input type="checkbox"/>	Removed <input type="checkbox"/>	Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>	Residential <input checked="" type="checkbox"/>	Municipal <input type="checkbox"/>	Domestic <input checked="" type="checkbox"/>	Irrigation <input type="checkbox"/>	Fire <input type="checkbox"/>
	New <input checked="" type="checkbox"/>	Replaced <input type="checkbox"/>							

Reduced Pressure Principle Assembly			PVB/SVB		
Double Check Valve Assembly					
Check Valve #1	Check Valve #2	Relief Valve	Air Inlet	Check Valve	

<b>Initial Test</b> Date: <u>5/2/22</u> Time: <u>10:43 AM</u> Pass: <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>2.1</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>2.2</u> PSID	Did not open <input type="checkbox"/> Did not open <input type="checkbox"/> Opened at ____ PSID	Did not open <input type="checkbox"/> Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/> Opened at ____ PSID	Leaked <input type="checkbox"/> Held at ____ PSID
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<b>Repairs</b> Date: _____ Time: _____	Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild <input type="checkbox"/> Replaced <input type="checkbox"/> Other <input type="checkbox"/>	
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<b>Final Test</b> Date: _____ Time: _____ Pass: <input type="checkbox"/> Fail <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Held at ____ PSID	Closed Tight <input type="checkbox"/> Held at ____ PSID	Opened Fully <input type="checkbox"/> Opened at ____ PSID	Held at ____ PSID
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<b>Air Gap</b>	Date: _____	Time: _____	Diameter: _____	Separation: _____	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
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Comments: _____ I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted. Tester: <u>Brad Weyant</u> Signature: <u>BRW</u> Certification #: <u>BP0016935</u> Expire: <u>12/3/24</u> Phone: _____ Test Kit Serial #: <u>10150482</u> Calibration Date: <u>10/17/21</u> Company: <u>Safewater</u> Phone: <u>512 605 9790</u>	Proper Installation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No RV Exercised <input type="checkbox"/> Yes <input type="checkbox"/> No #2 Shutoff Closed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Service Restored <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Line Pressure: <u>65</u> Meter Reading: <u>3008.52</u> <b>Test Results</b> Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>
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