## City of Georgetown - Backflow Prevention Assembly Test and Maintenance Report

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The following form must	t be completed for each assembly teste	ed for recordkeeping *purposes:		
	City of Georgetown	PWS ID:	2460001	
	PO Box 1430	Contact Name:	Water Regulatory	
	Georgetown, Texas 78626	Phone Number:	512-930-3640	
		BPAT Information		
Company Name:	L Sinclair Services, Inc.	Phone Number:	512-563-8762	
Tester Name:	Lewis Sinclair	Email Address:	lss@austin.rr.com	
Address:	1307 Machado Road	License Number:	BP0002815	
ridaroooi	Cedar Park, Texas 78613	License Expiration:	2/12/2026	
	Location Information		Contact Information	
Property Type:	Residential	Company Name:		
Business Name:		Contact Name:		
Property Address:	1312 Highcrest Dr	Mailing Address:	1312 Highcrest Dr	
	Georgetown, TX 78628	Phone Number: Email Address:	Georgetown, TX 78628	
		Backflow Information		
Backflow Method: Main Assembly Manuf Location: Hazard Type ****: Test Result:	Double Check Valve facturer: Apollo 5' E of meter Irrigation - Non Chemical Passed	Model: DC4A Size: 1  Backflow Test Information	Serial Number: 52584C	
Reason for Test:	New Installation			
		rs recommendations and/or local codes?	Yes	
	lled on a non-potable water supply (a			
Differential pressure gauge used:	Bac-Flo Bac-Flo 3 (potable)	Serial Number: 03162474	Date Tested for Accuracy:	3/16/2023
	Dou	Double Check Valve		
	Check Valve #1	Check Valve #2		
Initial Test	Held at 2.3 PSID	Held at 2 PSID		
Date: 9/19/2023	<b>✓</b> ClosedTight	✓ ClosedTight		
Time: 12:20 PM	Leaked	Leaked		
Repairs and Materials Use				
Repair Detail	s			
Test After Repa	airs Held at 0 PSID	Held at 0 PSID		
	Closed Tight	Closed Tight		

Remarks

The above is certified to be true at the time of testing.

\* TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC 290.46(B)]

\*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS

\*\*\* 2nd Check: Numeric reading required for double check valve only.