

Backflow Prevention Assembly Test Report

<u>Service Address</u>	Hazard/CCID: 42215	Location: <u>Front right</u>
* 230 Chaste Tree Drive	Meter#:	Serial #: <input type="checkbox"/> 53662C
SAN MARCOS, TX 78666	LID/Service:	Manufacturer: <input type="checkbox"/> Apollo
Site Use:	Account #:	Model: <input type="checkbox"/> DC4A
Hazard:		Type: <input type="checkbox"/> DC
<u>Mailing Address</u>		Size: <input type="checkbox"/> 1"
230 Chaste Tree Drive		Orientation: <input type="checkbox"/>
San Marcos, TX 78666		Protection: <input type="checkbox"/> Irrigation - City Potable
Type text here		

Test Due No Later than:	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 type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fire <input type="checkbox"/>
	New <input checked="" type="checkbox"/> Replaced <input type="checkbox"/>		

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

Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>
Date <u>12/7/23</u>	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Did not open <input type="checkbox"/>	Opened Fully Yes <input type="checkbox"/>
Time <u>10:49 am</u>	Held at <u>2.0</u> PSID	Held at <u>1.8</u> PSID	Opened at ___ PSID	No <input type="checkbox"/>
Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>			Opened at ___ PSID	Leaked <input type="checkbox"/>
				Held at ___ PSID

Repairs	Cleaned <input type="checkbox"/>			
Date _____	Rubber Kit <input type="checkbox"/>	_____		
Time _____	Rebuild <input type="checkbox"/>	_____		
	Replaced <input type="checkbox"/>	_____		
	Other <input type="checkbox"/>	_____		

Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened Fully <input type="checkbox"/>	
Date _____	Held at ___ PSID	Held at ___ PSID	Opened at ___ PSID	Held at ___ PSID
Time _____				
Pass <input type="checkbox"/> Fail <input type="checkbox"/>				

Air Gap	Date _____	Time _____	Diameter _____	Separation _____	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
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Comments: <u>Meter is located next to house on front right side. Backflow Assembly located 7' towards street from meter</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Proper Installation</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>RV Exercised</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>#2 Shutoff Closed</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Service Restored</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Proper Installation	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	RV Exercised	<input type="checkbox"/>	<input checked="" type="checkbox"/>	#2 Shutoff Closed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Service Restored	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Proper Installation	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>											
RV Exercised	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
#2 Shutoff Closed	<input checked="" type="checkbox"/>	<input type="checkbox"/>											
Service Restored	<input checked="" type="checkbox"/>	<input type="checkbox"/>											

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester <u>Scott Stevenson</u>	Signature <u>Scott Stevenson</u>	
Certification # <u>BP0017507</u>	Expire <u>12/21/25</u>	Phone <u>512-294-3826</u>
Test Kit Serial # <u>06163433</u>	Calibration Date <u>10/11/2023</u>	
Company <u>Safety Plus Services, LLC</u>	Phone <u>512-300-9659</u>	

Test Results
Pass **Fail**

Submit completed Test Report:	630 E HOPKINS ST SAN MARCOS TX 78666 512-393-8008 Fax: SODONNELL@SANMARCOSTX.GOV
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