City of Georgetown - Backflow Prevention Assembly Test and Maintenance Report

The following form must be completed for each assembly tested for recordkeeping *purposes:

	City of Georgetow PO Box 1430 Georgetown, Texa				2460001 Water Regulatory 512-930-3640	
			BPAT In	formation		
Company Name: Tester Name: Address:	Brad Weyant 609 E 50TH	-			5126059790 brad@safewateratx.com BP0016935 12/3/2024	
	Location Info	rmation			Contact Information	
Property Type: Business Name: Property Address:	Residential 305 Terrene Trl Andice, TX 78628	3		Company Name: Contact Name: Mailing Address: Phone Number: Email Address:	305 Terrene Trl Andice, TX 78628	
			Backflow I	nformation		
The backflow prevention	assembly detailed b	elow has been teste	ed and maintained a	s required by commiss	sion regulations and is certified to be	operating within
Backflow Method: Main Assembly Manuf Location: Hazard Type ****:		et from meter	odel: DC4A	Size: 1	Serial Number: 54745C	
			Backflow Tes	st Information		
Test Result: Reason for Test:	Passed New Installation					
is the assembly install		th manufacturers	recommendations	and/or local codes?	Yes	
ls the assembly install	ed on a non-potable	water supply (aux	(iliary)? No			
Differential pressure gauge used:	Midwest 845-5 (po	west 845-5 (potable)		er: 10150482	Date Tested for Accuracy:	10/4/2023
		Double	Check Valve			
Initial Test Date: 12/7/2023 Time: 12:30 PM	CH Held at 1.8 Closed	Tight	Check \ Held at 1.8 PSII ClosedTight Leaked			
Repairs and Materials Use	ł					
Repair Details	5					
Test After Repa		Held at 0 PSID He		t		
			Rem	arks		

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. **** Indicates additional information not present on the standard TCEQ report