



NEW INSTALLATION

CROSS CONNECTION SECTION TEST AND MAINTENANCE REPORT

Bldg. Permit #: _____

Company Name: Geoscapes of Texas inc.

Address: P.O. Box 1922 Leander, TX, 78646

City, St. and Zip: Leander, TX, 78646

Telephone: (512) 529-1605 Certified Fire Line Contractor Fire Line Test

Commercial Property? Yes No

Address: 5232 Tribolo Trail

Owner/Business Name: _____ Phone #: _____

Model Number: DC4A Size: 1"

Device Location: 7' Left of Meter Serial Number: 53682C

Manufacturer: Apollo

Reason Device is Installed: Protection

Has this device been installed according to manufacturer's specs or code? Yes No

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER		
	DOUBLE CHECK ASSEMBLY		Relief Valve	Air Relief	Check Valve
	1st Check	2nd Check			
Initial Test	DC Closed tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> PSI <u>1.7</u> RPZ _____ PSID _____	Closed tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> PSI <u>1.7</u>	Opened at _____ PSID _____	Opened at _____ PSID _____ Did not open <input type="checkbox"/>	Closed at _____ PSID _____ Did not close <input type="checkbox"/>
Materials & Repairs					
Test After Repairs	DC Closed tight <input type="checkbox"/> PSI _____ RPZ _____ PSID _____	Closed tight <input type="checkbox"/> PSI _____	Opened at _____ PSID _____	Opened at _____ PSID _____	Closed at _____ PSID _____

The above is certified to be true

Property Owner/Occupant: _____

Mailing Address: 5232 Tribolo Trail

City, State, Zip: Round Rock, TX

Owner/Contact: _____

Gauge Sr. #: 574997 Calibration Date: 1/19/23

Certified Tester (Signature): Thomas Money

Tester Name (Print): Thomas Money

Tester Cert. #: BPool6285

Date: 12/12/23 12:00 pm

City of Round Rock, Building Inspection Dept.
2008 Enterprise Drive, Round Rock, TX 78664
512-218-5550



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Bldg. Permit #: _____

Company Name: Geoscapes of Texas inc.

Address: P.O. Box 1922 Leander, TX, 78646

City, St. and Zip: Leander, TX, 78646

Telephone: (512) 529-1605 Certified Fire Line Contractor Fire Line Test

Commercial Property? Yes No

Address: 5208 Tribolo Trail

Owner/Business Name: _____ Phone #: _____

Model Number: DUMA Size: 1"

Device Location: 6 Post Meter Serial Number: 53602C

Manufacturer: Apollo

Reason Device is Installed: Irrigation

Has this device been installed according to manufacturer's specs or code? Yes No

	REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER		
	DOUBLE CHECK ASSEMBLY		Relief Valve	Air Relief	Check Valve
	1st Check	2nd Check			
Initial Test	DC Closed tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> PSI <u>1.7</u> RPZ _____ PSID _____	Closed tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/> PSI <u>1.9</u>	Opened at _____ PSID _____	Opened at _____ PSID _____ Did not open <input type="checkbox"/>	Closed at _____ PSID _____ Did not close <input type="checkbox"/>
Materials & Repairs					
Test After Repairs	DC Closed tight <input type="checkbox"/> PSI _____ RPZ _____ PSID _____	Closed tight <input type="checkbox"/> PSI _____	Opened at _____ PSID _____	Opened at _____ PSID _____	Closed at _____ PSID _____

The above is certified to be true

Property Owner/Occupant: _____

Mailing Address: 5208 Tribolo Trail

City, State, Zip: Round Rock, TX

Owner/Contact: _____

Gauge Sr. #: 574997 Calibration Date: 1/19/23

Certified Tester (Signature): Thomas Money

Tester Name (Print): Thomas Money

Tester Cert. #: BPool/6285

Date: 12/12/23 11:55 Am

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