



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: _____ Gauge Sr. #: 574997 Calibration Date: 1/19/23
 Mailing Address: 5232 Tribolo Trail Certified Tester (Signature): Thomas Money
 City, State, Zip: Round Rock, TX Tester Name (Print): Thomas Money
 Owner/Contact: _____ Tester Cert. #: BPool6285
 Date: 12/12/23 12:00 pm