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

The following form must	be completed for each assembly tes	sted 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: Tester Name:	L Sinclair Services, Inc. Lewis Sinclair	Phone Number: Email Address:	
Address:	1307 Machado Road	License Numbe	
	Cedar Park, Texas 78613	License Expirat	
	Location Information		Contact Information
Property Type:	Residential	Company Name	<b>):</b>
Business Name:		Contact Name:	
Property Address:	5704 Sean Paul Ln	Mailing Address	
	Leander, TX 78641	Phone Number:	Leander, TX 78641
		Email Address:	
Backflow Information			
The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within			
acceptable parameters.			
Backflow Method:	Double Check Valve		
Main Assembly Manufa	cturer: Apollo	Model: DC4A Size:	1 Serial Number: 53680C
Location:	7' WNW of meter		
Hazard Type ****:	Irrigation - Non Chemical		
		Backflow Test Information	
Test Result: Reason for Test:	Passed New Installation		
Is the assembly installed in accordance with manufacturers recommendations and/or local codes? Yes			
Is the assembly installed on a non-potable water supply (auxiliary)? No			
Differential pressure	Bac-Flo Bac-Flo 3 (potable)	Serial Number: 03162474	Date Tested for Accuracy: 3/16/2023
gauge used:	(pottane)	•••••	, , , , , , , , , , , , , , , , , , , ,
	Do	uble Check Valve	
	Check Valve #1	Check Valve #2	
Initial Test	Held at 1.9 PSID	Held at 2 PSID	
Date: 12/5/2023	✓ ClosedTight	✓ ClosedTight	
Time: 1:05 PM	Leaked	Leaked	
Repairs and Materials Used			
Repair Details			
Test After Repair	Held at 0 PSID	Held at 0 PSID	
	Closed Tight	Closed Tight	
		Remarks	
ixenidiks			

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