## 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 Georgetown PO Box 1430 Georgetown, Texas 78626				PWS ID: Contact Name: Phone Number:	2460001 Water Regulatory 512-930-3640
			BPAT Ir	nformation	
Company Name: Tester Name: Address:	ne: Safewater Backflow and Irrigation Brad Weyant 609 E 50TH AUSTIN, Texas 78751			Phone Number: Email Address: License Number: License Expiration:	5126059790 brad@safewateratx.com BP0016935 12/3/2024
	Loca	tion Information			Contact Information
Property Type: Business Name: Property Address:		ial Creek Ln own, TX 78628		Company Name: Contact Name: Mailing Address: Phone Number: Email Address:	217 Bluff Creek Ln Georgetown, TX 78628
			Backflow	Information	
The backflow prevention acceptable parameters.	assembly o	detailed below has been to	ested and maintained a	as required by commission	ion regulations and is certified to be operating within
Backflow Method: Main Assembly Manufa Location: Hazard Type ****:	Apollo         Model:         DC4A         Size:         1           Right front yard 5 feet from meter         Right from meter <th>Size: 1</th> <th>1 Serial Number: 53740C</th>			Size: 1	1 Serial Number: 53740C
			Backflow Te	est Information	
		dance with manufacture		s and/or local codes? \	Yes
the assembly installed on a non-potable water supply (auxiliary)? No ifferential pressure Midwest 845-5 (potable) Serial Number: 10150482 Date Tested for Accuracy: 10/4					
Differential pressure gauge used:	widwest	845-5 (potable)	Serial Numi	<b>ber:</b> 10150482	Date Tested for Accuracy: 10/4/2023
		Dou	ble Check Valve		
		Check Valve #1	Check	Valve #2	
Initial Test Date: 1/11/2024 Time: 2:00 PM		leld at 1.5 PSID ✔ ClosedTight _ Leaked	Held at 1.7 PSI		
Repairs and Materials Used					
Repair Details					
Test After Repairs		leld at 0 PSID ] Closed Tight	Held at 0 PSID		
			Ren	narks	

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