



Irrigation, Water and Wastewater Utility Cross Connection Section Test and Maintenance Report

1225 PM

*New Installation Date: 012420 Water Meter # NA Permit # _____

**Annual Test Date: _____ **Semi-Annual Test Date: _____

Address: 108 TRAILING LANTANA DR Residential Commercial

Owner/Business Name: SPICEWOOD COMMUNITIES Phone Number: 512-335-7780

Model Number: 850 Size: 3/4" Device Location: 2' S OF METER Serial Number: HE22955

Manufacturer: FEBCO Reason device is installed: IRRIGATION / POTABLE WATER

RP _____ DC PVB _____ SVB _____ DCDA _____ RPDA _____ High Health: YES: NO:

INITIAL TEST	REDUCED PRESSURE PRINCIPLE ASSEMBLY		PRESSURE VACUUM BREAKER		
	DOUBLECHECK ASSEMBLY		Relief valve	Air relief	Check valve
	First check	Second check			
closed tight <input checked="" type="checkbox"/> leaked <u>3.0</u> <input checked="" type="checkbox"/> p.s.i. <u>3.0</u> RPZ <u> </u> p.s.i.d. <u> </u>	closed tight <input checked="" type="checkbox"/> leaked <u>3.0</u> <input checked="" type="checkbox"/> p.s.i. <u>3.0</u>	opened at <u> </u> p.s.i.d. <u> </u>	opened at <u> </u> p.s.i.d. <u> </u> Did not open <input type="checkbox"/>	closed at <u> </u> p.s.i.d. <u> </u> Did not close <input type="checkbox"/>	
BACKFLOW STATUS (CIRCLE)	<u>PASS</u>	FAIL			
MATERIALS AND REPAIRS					
TEST AFTER REPAIRS	closed tight <input type="checkbox"/> p.s.i. <u> </u> RPZ <u> </u> p.s.i.d. <u> </u>	closed tight <input type="checkbox"/> p.s.i. <u> </u>	opened at <u> </u> p.s.i.d. <u> </u>	opened at <u> </u> p.s.i.d. <u> </u>	closed at <u> </u> p.s.i.d. <u> </u>

I certify the above information to be true and correct to the best of my knowledge.

Property owner/occupant: SPICEWOOD COMMUNITIES Owner/Contact: RYAN ZIEHE

Certified Tester: (printed and signed) LEWIS R. SINCLAIR

Mailing address: 1307 MACHADO ROAD City: CEDAR PARK State: TX Zip: 78613

Tester Certif. number: BP0002815 Gauge Serial: 0611314

Tester's phone number: 512-563-8162 Manufacturer: MIDWEST Model: 845-3

Please forward this completed report to
*** FOR ALL NEW INSTALLATIONS, COMPLETED ORIGINAL TEST FORM MUST BE PLACED IN THE VALVE BOX AND MUST SCHEDULE INSPECTION ONLINE AT MYPERMITNOW.ORG FOR REQUIRED INSPECTION. NEW INSTALLATIONS THAT ARE PART OF NEW CONSTRUCTION FROM THE GROUND UP, ORIGINAL REPORT MUST BE SUBMITTED TOGETHER WITH JOB PACKET AND IS INSPECTED DURING THE BUILDING FINAL INSPECTION.** Questions, please call our office at (512) 930-2550 - **Billing** questions, please call Customer Service at 512)930-3640.
****ANNUAL /SEMI-ANNUAL TEST:** City of Georgetown Customer Care Center, 300-1 Industrial Ave, P O Box 1430, Georgetown, Texas 78627.
 E-mail: customercare@georgetown.org
Failure to return this form within 10 business days of inspection may result in disconnection of water service.
****TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS****
*****USE ONLY MANUFACTURER'S REPLACEMENT PARTS*****