

Backflow Prevention Assembly Test Report

<u>Service Address</u>	Hazard/CCID: 42215	Location: 105 Cherokee Sedge Path San Marcos, TX 78666
* SAN MARCOS, TX 78666	Meter#: 96059924 LID/Service: Account #:	Serial #: _____ Check if Correct <input checked="" type="checkbox"/> 83462C Corrections _____ Manufacturer: <input checked="" type="checkbox"/> Apollo Model: <input checked="" type="checkbox"/> DC4A Type: <input checked="" type="checkbox"/> DCVA Size: <input checked="" type="checkbox"/> 1" Orientation: <input checked="" type="checkbox"/> Horizontal Protection: <input checked="" type="checkbox"/> Irrigation - Low
Site Use: Hazard: Irrigation <u>Mailing Address</u> 105 Cherokee Sedge Path San Marcos, TX 78666		

Test Due No Later than:	Existing <input type="checkbox"/> Removed <input type="checkbox"/> New <input checked="" type="checkbox"/> Replaced <input type="checkbox"/>	Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Municipal <input type="checkbox"/>	Domestic <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Fire <input type="checkbox"/>
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	Reduced Pressure Principle Assembly	
	Double Check Valve Assembly	PVB/SVB
	Check Valve #1	Check Valve #2
	Relief Valve	Air Inlet
		Check Valve


Initial Test Date <u>5/28/2024</u> Time <u>1:00PM</u> Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>2.2</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>2.1</u> PSID	Did not open <input type="checkbox"/> Did not open <input type="checkbox"/> Opened at ____ PSID	Did not open <input type="checkbox"/> Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/> Opened at ____ PSID	Leaked <input type="checkbox"/> Held at ____ PSID
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Repairs Date _____ Time _____	Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild <input type="checkbox"/> Replaced <input type="checkbox"/> Other <input type="checkbox"/>	
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Final Test Date _____ Time _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Held at ____ PSID	Closed Tight <input type="checkbox"/> Held at ____ PSID	Opened Fully <input type="checkbox"/> Opened at ____ PSID	Held at ____ PSID
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Air Gap	Date _____	Time _____	Diameter _____	Separation _____	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
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Comments: I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted. Tester <u>Brad Weyant</u> Signature <u><i>Brad Weyant</i></u> Certification # <u>BP0016935</u> Expire <u>12/3/2024</u> Phone <u>5126059790</u> Test Kit Serial # <u>09231317</u> Calibration Date <u>3/14/2024</u> Company <u>Safewater Backflow</u> Phone <u>5126059790</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Proper Installation</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>RV Exercised</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>#2 Shutoff Closed</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Service Restored</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Line Pressure</td> <td colspan="2"><u>67</u></td> </tr> <tr> <td>Meter Reading</td> <td colspan="2"><u>3156.69</u></td> </tr> <tr> <td colspan="3" style="text-align: center;">Test Results</td> </tr> <tr> <td colspan="3" style="text-align: center;">Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/></td> </tr> </table>	Proper Installation	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	RV Exercised	<input type="checkbox"/>	<input checked="" type="checkbox"/>	#2 Shutoff Closed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Service Restored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Line Pressure	<u>67</u>		Meter Reading	<u>3156.69</u>		Test Results			Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>		
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 Submit completed Test Report:	630 E HOPKINS ST SAN MARCOS TX 78666 512-393-8008 Fax: SODONNELL@SANMARCOSTX.GOV
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