

## Backflow Prevention Test & Maintenance Report

City of Hutto Development Services & Code Enforcement 500 W. Live Oak Street Hutto, Texas 78634 Phone: 512-759-5971 Fax: 512-759-5962 building@huttotx.gov

www.huttotx.gov/developmentservices

The following form must be completed for each assembly tested. A signed and dated **ORIGINAL** must be submitted to the City of Hutto for records purposes.\* Illegible or incomplete reports will not be accepted.

| ■ RESIDENTIAL   |   |                                      | ☐ COMMERCIAL   |                               |                      |
|---|---|--------------------------------------|--|-------------------------------|----------------------|
| CUSTOMER INFORMATION  |   |                                      |  |                               |                      |
| PROPERTY OWNER / BUSIN<br>Highland Homes  | IESS / AGENT                                |                                      |  |                               |                      |
| MAILING ADDRESS<br>105 Corn Lane  |   |                                      | CITY<br>Hutto, TX 78634  | STATE ZIP                     |                      |
| BACKFLOW ASSEMBLY INFORMATION   |   |                                      |  |                               |                      |
| OCCUPANT / BUSINESS NAME  |   |                                      |  |                               |                      |
| Highland Homes  SERIAL # MANUFACTURER   |   |                                      | MODEL  | SIZE                          |                      |
| 98117C  | Apollo                                      |                                      | DC4A   | 1"                            |                      |
| PHYSICAL ADDRESS  |   |                                      | ASSEMBLY LOCATION ON PROPERTY  |                               |                      |
| 105 Corn Lane   |   |                                      | Right front yard 5 feet from meter   |                               |                      |
| PUBLIC WATER SYSTEM I.D #   |   |                                      | PURPOSE OF ASSEMBLY  |                               |                      |
| TX2460007 Irrigation  |   |                                      |  |                               |                      |
| TYPE OF ASSEMBLY  |   |                                      |  |                               |                      |
| Reducer Pressure Assembly   |   |                                      | Reducer Pressure Principle-Detector Double   |                               |                      |
| Double Check Valve Pressure   |   |                                      | Check-Detector   |                               |                      |
| Vacuum Breaker  |   |                                      | Spill-Resistant Pressure Vacuum Breaker  |                               |                      |
| Is the assembly installed in accordance with manufacturer recommendations and/or local codes? |   |                                      |  |                               |                      |
|   |   |                                      | EEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ REGULATIONS G WITHIN ACCEPTABLE PARAMETERS.  N ASSEMBLY  PRESSURE VACUUM BREAKER |                               |                      |
|   | DOUBLE-CHECK VALVE ASSEEMBLY                |                                      |  |                               |                      |
|   | I <sup>ST</sup> CHECK                       | 2 <sup>ND</sup> CHECK                | RELIEF VALVE   | AIR INLET                     | CHECK VALVE          |
| INITIAL TEST  | Held at 1.9 PSI<br>Closed Tight X<br>Leaked | Held at 1.8 PS Closed Tight X Leaked | Opened at<br>PSI Did not oper  | Opened at<br>PSI Did not open | Held atPSI<br>Leaked |
| TEST AFTER<br>REPAIRS   | Held atPSI<br>Closed Tight                  | Held atPS                            | Opened at PSI  | Opened at PSI                 | Held at PSI          |
| REPAIRS AND<br>MATERIALS USED **  |   |                                      |  |                               |                      |
| TEST GAUGE USED Mid West 845  |   |                                      | GAUGE SERIAL #: 09231317   |                               |                      |
| REMARKS   |   |                                      |  |                               |                      |
| I CERTIFY ALL INFORMATION ON THIS REPORT IS TRUE AND CORRECT AS OF THE DATE OF THIS TEST.     |   |                                      |  |                               |                      |
| COMPANY NAME Safewater Backflow   |   |                                      | MPANY ADDRESS CITY ST ZIP  D Box 4002 Austin, TX 78765   |                               |                      |
| BACKFLOW TECH NAME CERTIFICATION # Brad Weyant BP0016935                                      |   |                                      | DNE FAX<br>2 605 9790  |                               |                      |
| BACKFLOW TECHNICIAN SIGNATURE DATE 10/11/2024   |   |                                      |  |                               |                      |