

CITY OF PFLUGERVILLE
 210-B EAST PECAN STREET
 PHONE: (512) 990-6300
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BUILDING DEPARTMENT
 PO BOX 589 / 78691
 PFLUGERVILLE, TEXAS 78660

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be completed for each assembly tested. **DO NOT LEAVE THIS REPORT IN METER BOX**
 A signed and dated **ORIGINAL** must be submitted to the public water supplier.

ILLEGAL OR INCOMPLETE REPORTS WILL NOT BE ACCEPTED

RESIDENTIAL **COMMERCIAL**
 Is the assembly installed in accordance with manufacturer recommendations and/or local codes? Yes

BACKFLOW ASSEMBLY INFORMATION
 Serial Number 53108C Manufacturer Apollo Model Dc4A Size 1"

Occupant/Business Name _____

Physical Address 1524 Carvin Way

Assembly Location on Property 12' Past meter toward house

Purpose of Assembly Irrigation

CUSTOMER INFORMATION

Property Owner/Agent _____

Mailing Address 1524 Carvin Way Bldg. _____ Suite# _____

City Pflugerville State TX Zip Code 78660

The backflow prevention assembly detailed below has been tested and maintained as required by TCEQ regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY

- Reduced Pressure Principle
- Double Check Valve
- Pressure Vacuum Breaker
- Reduced Pressure Principle Detector
- Double Check Detector
- Spill-Resistant Pressure Vacuum Breaker

	REDUCED PRESSURE BACKFLOW PREVENTION ASSEMBLY		PRESSURE VACUUM BREAKER		
	DOUBLE-CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	1 ST CHECK	2 ND CHECK			
INITIAL TEST	Held at <u>1.6</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at <u>1.8</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did not open <input checked="" type="checkbox"/>	Opened at _____ psid Did not open <input checked="" type="checkbox"/>	Held at _____ psid Leaked <input type="checkbox"/>
TEST AFTER REPAIRS	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Opened at _____ psid	Held at _____ psid
REPAIRS AND MATERIALS USED					

Test gauge used: Make/Model: Watts TK-99E SN: 574997 Calibration Date: 1/19/23

Remarks: _____
 The above is certified to be true at the time of testing.

CERTIFICATION # BP0016285 GAUGE SERIAL # 574997

PHONE (512) 259-5296 BACKFLOW TECHNICIAN Thomas Money

DATE 10/20/23 4:00pm TECHNICIAN'S SIGNATURE [Signature]

*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS. **USE ONLY MANUFACTURER'S REPLACEMENT PARTS.