

Backflow Prevention Assembly Test Report

<u>Service Address</u>	Hazard/CCID: 42215	Location: 224 Chaste Tree Dr. San Marcos, TX 78666
* SAN MARCOS, TX 78666	Meter#: 96225326 LID/Service: Account #:	Serial #: _____ Check if Correct <input checked="" type="checkbox"/> Corrections <u>53392C</u> Manufacturer: <u>Apollo</u> Model: <u>DC4A</u> Type: <u>DCVA</u> Size: <u>1"</u> Orientation: <u>Horizontal</u> Protection: <u>Irrigation - Low</u>
Site Use: Hazard: Irrigation <u>Mailing Address</u> 224 Chaste Tree Dr. 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	Check Valve


Initial Test Date <u>6/25/2024</u> Time <u>2:20PM</u> Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>1.7</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>1.8</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 style="width: 50%;">Proper Installation</td> <td style="width: 10%;">Yes <input checked="" type="checkbox"/></td> <td style="width: 10%;">No <input type="checkbox"/></td> </tr> <tr> <td>RV Exercised</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> <tr> <td>#2 Shutoff Closed</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Service Restored</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Line Pressure</td> <td colspan="2"><u>47</u></td> </tr> <tr> <td>Meter Reading</td> <td colspan="2"><u>3599.16</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	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	#2 Shutoff Closed	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Service Restored	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Line Pressure	<u>47</u>		Meter Reading	<u>3599.16</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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