City of Georgetown - Backflow Prevention Assembly Test and Maintenance Report

The following form must be completed for each assembly tested for recordkeeping *purposes:

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	-		wn					SID:		24600					
	PO Box							tact Name			Regulator	У			
	George	.own, Te	xas 7862	20				ne Numbe	r:	512-9	30-3640		_		
						BPAT									
Company Name:			ices, LLC	C.				ne Numbe			00-9659				
Tester Name:		evenson						ail Address				sservices.c	om		
Address:		102 Wonder World Drive, Suite #304-522					License Number:			BP0017507					
	San Ma	rcos, lex	xas 7866	6			Lice	nse Expira	ation:	12/19	/2025				
	Loca	ition Inf	formatio	on						C	ontact Inf	ormation			
Property Type:	Resider	itial					Con	npany Nan	ie:						
Business Name:							Con	tact Name	:						
Property Address:		rene Trl					Mail	ing Addre	SS:		errene Trl				
	Andice,	TX 7862	28				Phone Number:		Andice, TX 78628						
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						Backflov	v Infor	mation_							
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Remarks

The above is certified to be true at the time of testing. * TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS [30 TAC 290.46(B)] *** USE ONLY MANUFACTURER'S REPLACEMENT PARTS **** 2nd Check: Numeric reading required for double check valve only. **** Indicates additional information not present on the standard TCEQ report