

Backflow Prevention Assembly Test Report

<u>Service Address</u>	Hazard/CCID: 42215	Location: 129 Heartleaf Rd. San Marcos, TX 78666
* SAN MARCOS, TX 78666	Meter#: 96224891 LID/Service: Account #:	Serial #: _____ Check if Correct <input checked="" type="checkbox"/> Corrections 82670C 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> 129 Heartleaf Rd. 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	PVB/SVB
	Double Check Valve Assembly	
	Check Valve #1 Check Valve #2	Relief Valve Air Inlet Check Valve

Initial Test Date <u>6/4/2024</u> Time <u>12:40PM</u> Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>2.0</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>2.2</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 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>	Proper Installation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No RV Exercised <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No #2 Shutoff Closed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Service Restored <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Line Pressure <u>55</u> Meter Reading <u>1458.37</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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