City of Georgetown - Backflow Prevention Assembly Test and Maintenance Report

The following form must	be comple	eted for each assembly test	ted for recordkeeping	*purposes:		
	PO Box	Georgetown k 1430 etown, Texas 78626		PWS ID: Contact Name: Phone Number:	2460001 Water Regulatory 512-930-3640	
			BPAT	Information		
Company Name: Tester Name: Address:	L Sinclair Services, Inc. Lewis Sinclair 1307 Machado Road Cedar Park, Texas 78613			Phone Number: Email Address: License Number: License Expiration:	512-563-8762 Iss@austin.rr.com BP0002815 2/12/2026	
	Loc	ation Information			Contact Information	
Property Type: Residential Business Name: Property Address: 1005 Thunderhead Trl Georgetown, TX 78628				Company Name: Contact Name: Mailing Address: 1005 Thunderhead Trl Georgetown, TX 78628 Phone Number: Email Address:		
				v Information		
The backflow prevention acceptable parameters. Backflow Method: Main Assembly Manuf		y detailed below has been to be a been to be been to be a	tested and maintained Model: DC4A	d as required by commissi Size: 1	ion regulations and is certified to be Serial Number: 94091C	operaung wiunin
Location:		of water meter	Model. Bonk	3		
Hazard Type ****:	S 42 000	on - Non Chemical				
			Backflow ¹	Fest Information		
Test Result: Reason for Test: Is the assembly instal		d nstallation ordance with manufactur	rers recommendation	ns and/or local codes?	Yes	
Is the assembly instal	led on a n	on-potable water supply	(auxiliary)? No			
Differential pressure gauge used:	Mid-W	est 845-3 (potable)	Serial Nur	nber: 10200408	Date Tested for Accuracy:	2/27/2024
		Double Check Valve				
		Check Valve #1	A STATE OF THE STA	k Valve #2		
Initial Test Date: 10/11/2024 Time: 12:20 PM		Held at 1.9 PSID ✓ ClosedTight Leaked	Held at 1.9 P ClosedTig Leaked	019		
Repairs and Materials Use						
Repair Detail	s					
Test After Repairs		Held at 0 PSID	Held at 0 PS	1		
		al.	R	emarks		

Static supply line pressure - 75 psi