

## City of Georgetown - Backflow Prevention Assembly Test and Maintenance Report

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

City of Georgetown  
 PO Box 1430  
 Georgetown, Texas 78626

**PWS ID:** 2460001  
**Contact Name:** Water Regulatory  
**Phone Number:** 512-930-3640

### BPAT Information

**Company Name:** Safewater Backflow and Irrigation  
**Tester Name:** Brad Weyant  
**Address:** 609 E 50TH  
 AUSTIN, Texas 78751

**Phone Number:** 5126059790  
**Email Address:** brad@safewateratx.com  
**License Number:** BP0016935  
**License Expiration:** 12/3/2024

### Location Information

**Property Type:** Residential  
**Business Name:**  
**Property Address:** 104 Garden Rose Pass  
 Georgetown, TX 78628

### Contact Information

**Company Name:**  
**Contact Name:**  
**Mailing Address:** 104 Garden Rose Pass  
 Georgetown, TX 78628  
**Phone Number:**  
**Email Address:**

### Backflow Information

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

**Backflow Method:** Double Check Valve  
**Main Assembly Manufacturer:** Apollo      **Model:** DC4A      **Size:** 1      **Serial Number:** 64365C  
**Location:** Right front yard 5 feet from meter  
**Hazard Type \*\*\*\*:** Irrigation - Non Chemical

### Backflow Test Information

**Test Result:** Passed  
**Reason for Test:** New Installation

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

**Is the assembly installed on a non-potable water supply (auxiliary)?** No

**Differential pressure gauge used:** MidWest 845-5 (potable)      **Serial Number:** 09231317      **Date Tested for Accuracy:** 3/14/2024

	Double Check Valve	
	Check Valve #1	Check Valve #2
<b>Initial Test</b>	Held at 1.9 PSID	Held at 1.9 PSID
<b>Date:</b> 7/11/2024	<input checked="" type="checkbox"/> ClosedTight	<input checked="" type="checkbox"/> ClosedTight
<b>Time:</b> 12:30 PM	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked
<b>Repairs and Materials Used</b>		
<b>Repair Details</b>		
<b>Test After Repairs</b>	Held at 0 PSID	Held at 0 PSID
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight

### 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