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: Contact Name: Phone Number:	2460001 Water Regulatory 512-930-3640
			BPAT Ir	nformation	
Company Name: Tester Name: Address:	Brad Weyant 609 E 50TH				5126059790 brad@safewateratx.com BP0016935 12/3/2024
	Location	Information			Contact Information
Property Type: Business Name: Property Address:	Residential 1112 Sean Po Georgetown,			Company Name: Contact Name: Mailing Address: Phone Number: Email Address:	1112 Sean Post Dr Georgetown, TX 78641
			Backflow	Information	
The backflow prevention acceptable parameters.	n assembly detail	led below has been to	ested and maintained a	as required by commission	ion regulations and is certified to be operating within
Backflow Method: Main Assembly Manuf Location: Hazard Type ****:	Double Check Valve acturer: Apollo Model: DC4A Size: 1 Left front yard 5 feet from meter Irrigation - Non Chemical			Serial Number: 85615C	
			Backflow Te	est Information	
Test Result: Reason for Test:					
-				s and/or local codes?)	Yes
Is the assembly instal Differential pressure gauge used:	MidWest 845		auxiliary)? No Serial Numl	ber: 09231317	Date Tested for Accuracy: 3/14/2024
		Dou	ble Check Valve		
Initial Test Date: 6/6/2024		Check Valve #1 at 2.2 PSID osedTight	Check Held at 2.4 PSI		
Time: 1:35 PM Repairs and		aked			
Materials Use					
Repair Detail Test After Repa	irs Held a	Held at 0 PSID Hel		nt	
			Ren	narks	

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