



# Backflow Prevention Test & Maintenance Report

City of Hutto Development Services & Code Enforcement  
 500 W. Live Oak Street  
 Hutto, Texas 78634  
 Phone: 512-759-5971  
 Fax: 512-759-5962  
 building@huttotx.gov  
[www.huttotx.gov/developmentservices](http://www.huttotx.gov/developmentservices)

The following form must be completed for each assembly tested. A signed and dated **ORIGINAL** must be submitted to the City of Hutto for records purposes.\* Illegible or incomplete reports will not be accepted.

RESIDENTIAL

COMMERCIAL

CUSTOMER INFORMATION			
PROPERTY OWNER / BUSINESS / AGENT Highland Homes			
MAILING ADDRESS 115 Sorghum		CITY Hutto, TX 78634	STATE TX
ZIP 78634			
BACKFLOW ASSEMBLY INFORMATION			
OCCUPANT / BUSINESS NAME HighlandHomes			
SERIAL # 97122C	MANUFACTURER Apollo	MODEL DC4A	SIZE 1"
PHYSICAL ADDRESS 115 Sorghum		ASSEMBLY LOCATION ON PROPERTY Right front yard 5 feet from meter	
PUBLIC WATER SYSTEM I.D # TX2460007		PURPOSE OF ASSEMBLY Irrigation	
TYPE OF ASSEMBLY			
<input type="checkbox"/> Reducer Pressure Assembly		<input type="checkbox"/> Reducer Pressure Principle-Detector Double	
<input checked="" type="checkbox"/> Double Check Valve Pressure		<input type="checkbox"/> Check-Detector	
<input type="checkbox"/> Vacuum Breaker		<input type="checkbox"/> Spill-Resistant Pressure Vacuum Breaker	
Is the assembly installed in accordance with manufacturer recommendations and/or local codes? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

THE BACKFLOW PREVENTION ASSEMBLY DETAILED BELOW HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY TCEQ REGULATIONS AND IS CERTIFIED TO BE OPERATING WITHIN ACCEPTABLE PARAMETERS.

	REDUCER PRESSURE BACKFLOW PREVENTION ASSEMBLY		PRESSURE VACUUM BREAKER		
	DOUBLE-CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	1 <sup>ST</sup> CHECK	2 <sup>ND</sup> CHECK			
INITIAL TEST	Held at 2.2 PSI Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at 2.2 PSI Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ PSI Did not oper <input type="checkbox"/>	Opened at _____ PSI Did not oper <input type="checkbox"/>	Held at _____ PSI Leaked <input type="checkbox"/>
TEST AFTER REPAIRS	Held at _____ PSI Closed Tight <input type="checkbox"/>	Held at _____ PSI Closed Tight <input type="checkbox"/>	Opened at _____ PSI	Opened at _____ PSI	Held at _____ PSI
REPAIRS AND MATERIALS USED **					
TEST GAUGE USED	MAKE/MODEL Mid West 845	GUAGE SERIAL #: 09231317	CALIBRATION DATE: 03/14/2024		
REMARKS					

I CERTIFY ALL INFORMATION ON THIS REPORT IS TRUE AND CORRECT AS OF THE DATE OF THIS TEST.

COMPANY NAME Safewater Backflow	COMPANY ADDRESS PO Box 4002 Austin, TX 78765	CITY TX	ST TX	ZIP 78765
BACKFLOW TECH NAME Brad Weyant	CERTIFICATION # BP0016935	PHONE 512 605 9790	FAX	
BACKFLOW TECHNICIAN SIGNATURE 			DATE 12/5/2024	

\*TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS.

\*\*USE ONLY MANUFACTURES REPLACEMENT PARTS.