

Backflow Prevention Assembly Test Report

<u>Service Address</u>	Hazard/CCID: 42215	Location: 120 Possumhaw Lane San Marcos, TX 78640	
SAN MARCOS, TX 78666	Meter#: 96225652	Serial #:	Check if Correct <input checked="" type="checkbox"/> Corrections <u>97839C</u>
	LID/Service:	Manufacturer:	<input checked="" type="checkbox"/> <u>Apollo</u>
	Account #:	Model:	<input checked="" type="checkbox"/> <u>DC4A</u>
Site Use:	Hazard: Irrigation	Type:	<input checked="" type="checkbox"/> <u>DCVA</u>
<u>Mailing Address</u>	120 Possumhaw Lane	Size:	<input checked="" type="checkbox"/> <u>1"</u>
	San Marcos, TX 78640	Orientation:	<input checked="" type="checkbox"/> <u>Horizontal</u>
		Protection:	<input checked="" type="checkbox"/> <u>Irrigation - Low</u>

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"/>
--------------------------------	---	--	--

	Reduced Pressure Principle Assembly	PVB/SVB					
	Double Check Valve Assembly						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Check Valve #1</td> <td style="width: 25%; text-align: center;">Check Valve #2</td> <td style="width: 25%; text-align: center;">Relief Valve</td> </tr> </table>	Check Valve #1	Check Valve #2	Relief Valve	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Air Inlet</td> <td style="width: 50%; text-align: center;">Check Valve</td> </tr> </table>	Air Inlet	Check Valve
Check Valve #1	Check Valve #2	Relief Valve					
Air Inlet	Check Valve						


Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/>	
Date <u>10-29-24</u>	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Did not open <input type="checkbox"/>	Opened Fully Yes <input type="checkbox"/>
Time <u>11:10AM</u>	Held at <u>1.8</u> PSID	Held at <u>2.2</u> PSID	Opened at ____ PSID	No <input type="checkbox"/>
Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>				Leaked <input type="checkbox"/>
				Held at ____ PSID

Repairs	Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild <input type="checkbox"/> Replaced <input type="checkbox"/> Other <input type="checkbox"/>
Date _____	_____
Time _____	_____

Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened Fully <input type="checkbox"/>	
Date _____	Held at ____ PSID	Held at ____ PSID	Opened at ____ PSID	Held at ____ PSID
Time _____				
Pass <input type="checkbox"/> Fail <input type="checkbox"/>				

Air Gap	Date _____	Time _____	Diameter _____	Separation _____	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
----------------	------------	------------	----------------	------------------	-------------------------------	-------------------------------

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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Proper Installation</td> <td style="width: 10%;">Yes <input checked="" type="checkbox"/></td> <td style="width: 40%;">No <input type="checkbox"/></td> </tr> <tr> <td>RV Exercised</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> <tr> <td>#2 Shutoff Closed</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Service Restored</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Line Pressure</td> <td colspan="2" style="text-align: center;"><u>45</u></td> </tr> <tr> <td>Meter Reading</td> <td colspan="2" style="text-align: center;"><u>3313.39</u></td> </tr> <tr> <td colspan="3" style="text-align: center;">Test Results</td> </tr> <tr> <td colspan="3" style="text-align: center;">Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/></td> </tr> </table>	Proper Installation	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	RV Exercised	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	#2 Shutoff Closed	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Service Restored	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Line Pressure	<u>45</u>		Meter Reading	<u>3313.39</u>		Test Results			Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>		
Proper Installation	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>																							
RV Exercised	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>																							
#2 Shutoff Closed	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>																							
Service Restored	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>																							
Line Pressure	<u>45</u>																								
Meter Reading	<u>3313.39</u>																								
Test Results																									
Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>																									

 Submit completed Test Report:	630 E HOPKINS ST SAN MARCOS TX 78666 512-393-8008 Fax: SODONNELL@SANMARCOSTX.GOV
---	---