	City of Georgetown - B	ackflow Prevention Assembly Te	est and Maintenance Report
The following form mus	t be completed for each assembly tes	sted 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 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 lss@austin.rr.com BP0002815 n: 2/12/2026
	Location Information		Contact Information
Property Type: Business Name: Property Address:	Residential 1200 Festival St Georgetown, TX 78628	Company Name: Contact Name: Mailing Address: Phone Number: Email Address:	1200 Festival St Georgetown, TX 78628
Backflow Method: Main Assembly Manu Location: Hazard Type ****:	Double Check Valve facturer: Apollo 5' WSW of meter Irrigation - Non Chemical	Model: DC4A Size: 1	Serial Number: 83307C
		Backflow Test Information	
	Passed New Installation led in accordance with manufactu led on a non-potable water supply Mid-West 845-3 (potable)	rers recommendations and/or local codes (auxiliary)? No Serial Number: 10200408	s? Yes Date Tested for Accuracy: 2/27/2024
gaago aooa.	Double Check Valve		
	Check Valve #1	Check Valve #2	
Initial Test Date: 8/14/2024 Time: 12:45 PM Repairs and Materials Use	Held at 1.9 PSID ☑ ClosedTight ☐ Leaked	Held at 1.9 PSID ✔ ClosedTight Leaked	
Repair Detail			
Test After Rep		Held at 0 PSID	

Remarks

Closed Tight

Closed Tight

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