

# Backflow Prevention Assembly Test Report

<u>Service Address</u>	<b>Hazard/CCID: 42215</b>	<b>Location:</b> <u>Front right - 6' left of the meter</u>
<b>*</b>		
<u>1428 Blue Oak Blvd</u>	<b>Meter#:</b>	<b>Serial #:</b> <u>01567D</u>
<u>SAN MARCOS, TX 78666</u>	<b>LID/Service:</b>	<b>Check if Correct</b> <input type="checkbox"/> <b>Corrections</b>
	<b>Account #:</b>	<u>Apollo</u>
<b>Site Use:</b>		<b>Manufacturer:</b> <u>Apollo</u>
<b>Hazard:</b>		<b>Model:</b> <u>DC4A</u>
<u>Mailing Address</u>		<b>Type:</b> <u>DC</u>
<u>Empire Homes</u>		<b>Size:</b> <u>1"</u>
<u>1428 Blue Oak Blvd</u>		<b>Orientation:</b> <u>        </u>
<u>San Marcos, TX 78666</u>		<b>Protection:</b> <u>Irrigation w/ City Potable</u>

<b>Test Due No Later than:</b>	Existing <input type="checkbox"/> New <input checked="" type="checkbox"/>	Removed <input 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"/>
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<b>Reduced Pressure Principle Assembly</b>	<b>PVB/SVB</b>					
<b>Double Check Valve Assembly</b>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"><b>Check Valve #1</b></td> <td style="width: 25%; text-align: center;"><b>Check Valve #2</b></td> <td style="width: 25%; text-align: center;"><b>Relief Valve</b></td> <td style="width: 25%; text-align: center;"><b>Air Inlet</b></td> <td style="width: 25%; text-align: center;"><b>Check Valve</b></td> </tr> </table>	<b>Check Valve #1</b>	<b>Check Valve #2</b>	<b>Relief Valve</b>	<b>Air Inlet</b>	<b>Check Valve</b>	
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<b>Initial Test</b>	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Date <u>10/09/24</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>12:36 pm</u>			Opened at ____ PSID	No <input type="checkbox"/>	
Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	Held at <u>2.2</u> PSID	Held at <u>2.4</u> PSID		Opened at ____ PSID	Held at ____ PSID

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

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

<b>Air Gap</b>	Date _____	Time _____	Diameter _____	Separation _____	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
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Comments: _____ _____ I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted. Tester <u>Scott Stevenson</u> Signature <u>Scott Stevenson</u> Certification # <u>BP0017507</u> Expire <u>12/19/25</u> Phone <u>512-294-3826</u> Test Kit Serial # <u>06163433</u> Calibration Date <u>10/07/24</u> Company <u>Safety Plus Services, LLC</u> Phone <u>512-300-9659</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 type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Line Pressure</td> <td colspan="2">_____</td> </tr> <tr> <td>Meter Reading</td> <td colspan="2">_____</td> </tr> <tr> <td colspan="3" style="text-align: center;"><b>Test Results</b></td> </tr> <tr> <td><b>Pass</b></td> <td><input checked="" type="checkbox"/></td> <td><b>Fail</b> <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 type="checkbox"/>	No <input checked="" type="checkbox"/>	Line Pressure	_____		Meter Reading	_____		<b>Test Results</b>			<b>Pass</b>	<input checked="" type="checkbox"/>	<b>Fail</b> <input type="checkbox"/>
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	Submit completed Test Report:	630 E HOPKINS ST SAN MARCOS TX 78666 512-393-8008 Fax: SODONNELL@SANMARCOSTX.GOV
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