

Backflow Prevention Assembly Test Report

<u>Service Address</u>	Hazard/CCID: 42215	Location: <u>Front Right at the meter</u>
* 212 Possumhaw Lane SAN MARCOS, TX 78666	Meter#: _____ LID/Service: _____ Account #: _____	Serial #: _____ Manufacturer: _____ Model: _____ Type: _____ Size: _____ Orientation: _____ Protection: _____
Site Use: Irrigation - City Potable Hazard: _____		Check if Correct Corrections <input type="checkbox"/> 01492D <input type="checkbox"/> Apollo <input type="checkbox"/> DC4A <input type="checkbox"/> Double Check <input type="checkbox"/> 1" <input type="checkbox"/> _____ <input type="checkbox"/> Irrigation - city potable
<u>Mailing Address</u>	212 Possomhaw Lane San Marcos, TX 78666	

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"/>
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Reduced Pressure Principle Assembly				PVB/SVB	
Double Check Valve Assembly					
Check Valve #1	Check Valve #2	Relief Valve	Air Inlet	Check Valve	


Initial Test Date <u>10/03/24</u> Time <u>12:30 pm</u> Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>1.6</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>1.8</u> PSID	Did not open <input type="checkbox"/> Did not open <input type="checkbox"/> Opened at ____ PSID	Did not open <input type="checkbox"/> Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/> Opened at ____ PSID	Leaked <input type="checkbox"/> Held at ____ PSID
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Repairs Date _____ Time _____	Cleaned <input type="checkbox"/> Rubber Kit <input type="checkbox"/> Rebuild <input type="checkbox"/> Replaced <input type="checkbox"/> Other <input type="checkbox"/>	_____	_____
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Final Test Date _____ Time _____ Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Held at ____ PSID	Closed Tight <input type="checkbox"/> Held at ____ PSID	Opened Fully <input type="checkbox"/> Opened at ____ PSID	Held at ____ PSID
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Air Gap	Date _____	Time _____	Diameter _____	Separation _____	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
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Comments: <p style="color: blue; text-align: center;">Returned assembly shut off to the off position after testing.</p> 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>12/19/2025</u> Phone <u>512-294-3826</u> Test Kit Serial # <u>06163433</u> Calibration Date <u>10/11/2023</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: 10%;">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;">Test Results</td> </tr> <tr> <td>Pass</td> <td><input checked="" type="checkbox"/></td> <td>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 type="checkbox"/>	No <input checked="" type="checkbox"/>	Line Pressure	_____		Meter Reading	_____		Test Results			Pass	<input checked="" type="checkbox"/>	Fail <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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