



Name of PWS: City of Cedar Park

PWS I.D# 2460009

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

The following form must be completed for each assembly tested. A signed and dated original must be submitted to the public water supplier for record keeping purposes.

Mailing Address: 2213 Clover Ridge Drive Cedar Park, TX 78613
 Contact Person: CERDA, JOHN R Phone #: _____
 Location of Service: 2213 Clover Ridge

The backflow prevention assembly detailed below has been tested and maintained as required by commission regulations and is certified to be operating within acceptable parameters.

TYPE OF ASSEMBLY

- Reduced Pressure Principle
- Double Check Valve
- Pressure Vacuum Breaker
- Reduced Pressure Principle-Detector
- Double Check-Detector
- Spill-Resistant Pressure Vacuum Breaker

Manufacturer: Apollo Model Number: DC4A Size: 1"
 Serial Number: 88942C Located at: Left front yard 10 feet from meter
 (Please check) New Installation: , Annual Test: _____, Repair: _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? YES or NO

	Reduced Pressure Principle Assembly		Pressure Vacuum Breaker		
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1 st Check	2 nd Check			
Initial Test 8/12/2024 11:15AM	Held at <u>2.1</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Held at <u>2.1</u> psid Closed Tight <input checked="" type="checkbox"/> Leaked <input type="checkbox"/>	Opened at _____ psid Did Not Open <input type="checkbox"/>	Opened at _____ psid Did Not Open <input type="checkbox"/>	Held at _____ psid Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test After Repair	Held at _____ psid Closed Tight <input type="checkbox"/>	Held at _____ psid Closed Tight <input type="checkbox"/>	Opened at _____ psid	Opened at _____ psid	Held at _____ psid

Test gauge used: Make/Model Mid West 845 SN: 09231317 Calibration Date: 3/14/2024

Remarks: _____

The above is certified to be true at the time of testing.

Firm Name: Safewater Backflow Certified Tester: Brad Weyant
 Firm Address: PO Box 4002 Austin, TX 78765 Cert. Tester No.: BP0016935
 Firm Phone #: 512 605 9790 Date: 12/3/2024

*TEST RECORDS MUST BE KEPT FOR ATLEAST THREE YEARS
 ** USE ONLY MANUFACTURER'S REPLACEMENT PARTS

Please forward this report to: **City of Cedar Park**
Building Inspection Department (new) or
450 Cypress Creek Rd, Bldg 2
Cedar Park, TX 78613
Phone: 512-401-5100 Fax: 512-258-1471

Utilities Department (retest)
2315 Brushy Creek Loop
Cedar Park, TX 78613
Phone: 512-401-5592 Fax: 512-401-5593