

# Backflow Prevention Assembly Test Report

Service Address

Hazard/CCID: **42215**

**236 Possumhaw Lane**  
SAN MARCOS, TX 78666

Location: **Front Left -3' From Meter**

Meter#:

LID/Service:

Account #:

Serial #: Check if Correct Corrections

**53480C**

Manufacturer:

**Apollo**

Model:

**DC4A**

Type:

**DC**

Size:

**1"**

Orientation:

\_\_\_\_\_

Protection:

**Irrigation - City Potable**

Site Use:

Hazard:

Mailing Address

**236 Possumhaw Lane**  
**San Marcos, Texas 78666**

Test Due No Later than:

Existing

New

Removed

Replaced

Commercial

Industrial

Residential

Municipal

Domestic

Irrigation

Fire

## Reduced Pressure Principle Assembly

### Double Check Valve Assembly

### PVB/SVB

Check Valve #1

Check Valve #2

Relief Valve

Air Inlet

Check Valve

Initial Test

Date **06/29/24**

Time **8:19 am**

Pass  Fail

Leaked

Closed Tight

Held at **2.0** PSID

Leaked

Closed Tight

Held at **1.8** PSID

Did not open

Opened at \_\_\_\_ PSID

Did not open

Opened Fully Yes

No

Opened at \_\_\_\_ PSID

Leaked

Held at \_\_\_\_ PSID

Repairs

Date \_\_\_\_\_

Time \_\_\_\_\_

Cleaned

Rubber Kit

Rebuild

Replaced

Other

Final Test

Date \_\_\_\_\_

Time \_\_\_\_\_

Pass  Fail

Closed Tight

Held at \_\_\_\_ PSID

Closed Tight

Held at \_\_\_\_ PSID

Opened at \_\_\_\_ PSID

Opened Fully

Opened at \_\_\_\_ PSID

Held at \_\_\_\_ PSID

Air Gap

Date \_\_\_\_\_

Time \_\_\_\_\_

Diameter \_\_\_\_\_

Separation \_\_\_\_\_

Pass  Fail

Comments:

Proper Installation  Yes  No

RV Exercised  Yes  No

#2 Shutoff Closed  Yes  No

Service Restored  Yes  No

I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted.

Tester **Scott Stevenson**

Signature Scott Stevenson

Certification # **BP0017507**

Expire **12/19/2025** Phone **512-294-3826**

Test Kit Serial # **06163433**

Calibration Date **10/11/2023**

Company **Safety Plus Services, LLC**

Phone **512-300-9659**

Line Pressure \_\_\_\_\_

Meter Reading \_\_\_\_\_

Test Results

Pass  Fail



Submit completed  
Test Report:

630 E HOPKINS ST

SAN MARCOS TX 78666

512-393-8008 Fax:

SODONNELL@SANMARCOSTX.GOV