City of Georgetown - Backflow Prevention Assembly Test and Maintenance Report

The following form must be completed for each assembly tested 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:	Safewater Backflow and Irrigation Brad Weyant 609 E 50TH AUSTIN, Texas 78751	Phone Number: Email Address: License Number: License Expiratio	
	Location Information		Contact Information
Property Type: Business Name: Property Address:	Residential 300 Great Lawn Bend Georgetown, TX 78628	Company Name: Contact Name: Mailing Address: Phone Number: Email Address:	300 Great Lawn Bend Georgetown, TX 78628
		Backflow Information	
The backflow prevention acceptable parameters. Backflow Method: Main Assembly Manufa	Double Check Valve	ted and maintained as required by comr	mission regulations and is certified to be operating within Serial Number: 85284C
Location: Hazard Type ****:	Right front yard 5 feet from meter Irrigation - Non Chemical		
		Backflow Test Information	
-	Passed New Installation ed in accordance with manufacturers ed on a non-potable water supply (au	s recommendations and/or local code uxiliary)? No	es? Yes
Differential pressure gauge used:	MidWest 845-5 (potable)	Serial Number: 09231317	Date Tested for Accuracy: 3/14/2024
	Doubl	le Check Valve	
Initial Test Date: 12/2/2024 Time: 2:25 PM	Check Valve #1 Held at 2.1 PSID ClosedTight Leaked	Check Valve #2 Held at 2.2 PSID ClosedTight Leaked	
Repairs and Materials Usec			
Repair Details			
Test After Repai	rs Held at 0 PSID	Held at 0 PSID	
		Remarks	

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