

# Backflow Prevention Assembly Test Report

<u>Service Address</u>	<b>Hazard/CCID:</b> <u>42215</u>	<b>Location:</b> <u>Front left - 5' from the meter</u>		
* 313 Quiet Oak Rd SAN MARCOS, TX 78666	Meter#: LID/Service: Account #:	Serial #: Manufacturer: Model: Type: Size: Orientation: Protection:	Check if Correct	Corrections
Site Use: Hazard:			<input type="checkbox"/>	<u>85643C</u>
<u>Mailing Address</u> 313 Quiet Oak Rd San Marcos, TX 78666			<input type="checkbox"/>	<u>Apollo</u>
			<input type="checkbox"/>	<u>DC4A</u>
			<input type="checkbox"/>	<u>Double Check</u>
			<input type="checkbox"/>	<u>1"</u>
			<input type="checkbox"/>	<u>Irrigation w/City Potable</u>

<b>Test Due No Later than:</b>	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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<b>Reduced Pressure Principle Assembly</b>			<b>PVB/SVB</b>	
<b>Double Check Valve Assembly</b>		<b>Relief Valve</b>	<b>Air Inlet</b>	<b>Check Valve</b>
<b>Check Valve #1</b>	<b>Check Valve #2</b>			

<b>Initial Test</b> Date <u>08/16/24</u> Time <u>5:13 pm</u> Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>2.2</u> PSID	Leaked <input type="checkbox"/> Closed Tight <input checked="" type="checkbox"/> Held at <u>2.0</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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<b>Repairs</b> 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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<b>Final Test</b> 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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<b>Air Gap</b>	Date _____ Time _____ Diameter _____ Separation _____	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
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Comments: <u>Backflow Assembly returned to off position after testing</u>	Proper Installation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No RV Exercised <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No #2 Shutoff Closed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Service Restored <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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>10/11/2023</u> Company <u>Safety Plus Services, LLC</u> Phone <u>512-300-9659</u>	Line Pressure _____ Meter Reading _____ <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>Test Results</b>  <b>Pass</b> <input checked="" type="checkbox"/> <b>Fail</b> <input type="checkbox"/> </div>

Submit completed Test Report:	630 E HOPKINS ST SAN MARCOS TX 78666 512-393-8008 Fax: SODONNELL@SANMARCOSTX.GOV
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