

Backflow Prevention Assembly Test Report

<u>Service Address</u>	Hazard/CCID: 42215	Location: 3' from meter - front right	
332 Fountain Grass Drive	Meter#:	Serial #:	Check if Correct <input type="checkbox"/> Corrections <u>85572C</u>
SAN MARCOS, TX 78666	LID/Service:	Manufacturer:	<input type="checkbox"/> <u>Apollo</u>
Site Use:	Account #:	Model:	<input type="checkbox"/> <u>DC4A</u>
Hazard:		Type:	<input type="checkbox"/> <u>DC</u>
<u>Mailing Address</u>		Size:	<input type="checkbox"/> <u>1"</u>
332 Fountain Grass Drive		Orientation:	<input type="checkbox"/> _____
San Marcos, TX 78666		Protection:	<input type="checkbox"/> <u>Irrigation - City Potable</u>

Test Due No Later than:	Existing <input checked="" type="checkbox"/> New <input type="checkbox"/>	Removed <input 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				
	Double Check Valve Assembly		PVB/SVB		
	Check Valve #1	Check Valve #2	Relief Valve	Air Inlet	Check Valve

Initial Test	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did not open <input type="checkbox"/>	Did not open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Date <u>06/10/24</u>	Closed Tight <input checked="" type="checkbox"/>	Closed Tight <input checked="" type="checkbox"/>	Did not open <input type="checkbox"/>	Opened Fully Yes <input type="checkbox"/>	
Time <u>6:10 pm</u>	Held at <u>2.6</u> PSID	Held at <u>2.2</u> PSID	Opened at ____ PSID	No <input type="checkbox"/>	Held at ____ PSID
Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>				Opened at ____ PSID	

Repairs	Cleaned <input type="checkbox"/>	_____
Date _____	Rubber Kit <input type="checkbox"/>	_____
Time _____	Rebuild <input type="checkbox"/>	_____
	Replaced <input type="checkbox"/>	_____
	Other <input type="checkbox"/>	_____

Final Test	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened Fully <input type="checkbox"/>
Date _____	Held at ____ PSID	Held at ____ PSID	Opened at ____ PSID
Time _____			Opened at ____ PSID
Pass <input type="checkbox"/> Fail <input type="checkbox"/>			Held at ____ PSID

Air Gap	Date _____	Time _____	Diameter _____	Separation _____	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
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Comments: _____ I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted. Tester <u>Scott Stevenson</u> Signature _____ 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>Proper Installation</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>RV Exercised</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>#2 Shutoff Closed</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Service Restored</td> <td><input checked="" type="checkbox"/></td> <td><input 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	#2 Shutoff Closed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Service Restored	<input checked="" type="checkbox"/>	<input 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:

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