## 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<br>PO Box 1430   | PWS ID:<br>Contact Name:  | 2460001<br>Water Regulatory                                  |
|--|---|---|--|
|  | Georgetown, Texas 78626   | Phone Number  | r: 512-930-3640  |
|  |   | BPAT Information  |  |
| Company Name:<br>Tester Name:<br>Address:                                  | Safewater Backflow and Irrigation<br>Brad Weyant<br>609 E 50TH<br>AUSTIN, Texas 78751                   | n Phone Number<br>Email Address<br>License Numb<br>License Expira               | : brad@safewateratx.com<br>er: BP0016935                     |
|  | Location Information  |   | Contact Information  |
| Property Type:<br>Business Name:<br>Property Address:                      | Residential<br>413 Summerhill Ln<br>Georgetown, TX 78628  | Company Nam<br>Contact Name:<br>Mailing Addres<br>Phone Number<br>Email Address | :<br>ss: 413 Summerhill Ln<br>Georgetown, TX 78628<br>r:     |
|  |   | Backflow Information  |  |
| The backflow prevention acceptable parameters.                             | assembly detailed below has been  | tested and maintained as required by co   | mmission regulations and is certified to be operating within |
| Backflow Method:<br>Main Assembly Manufa<br>Location:<br>Hazard Type ****: | Double Check Valve<br>acturer: Apollo<br>Right front yard 10 feet from met<br>Irrigation - Non Chemical | Model: DC4A Size:<br>er   | 1 Serial Number: 00172D                                      |
|  |   | Backflow Test Information   |  |
| Fest Result:<br>Reason for Test:   | Passed<br>New Installation  |   |  |
| -  |   | rers recommendations and/or local co  | des? Yes   |
| s the assembly install<br>Differential pressure<br>jauge used:             | ed on a non-potable water supply<br>MidWest 845-5 (potable)   | (auxiliary)? No<br>Serial Number: 09231317                                      | Date Tested for Accuracy: 3/14/2024                          |
|  | Do  | uble Check Valve  | 7  |
|  | Check Valve #1  | Check Valve #2  |  |
| Initial Test<br>Date: 10/31/2024<br>Time: 1:00 PM                          | Held at 2.2 PSID<br>ClosedTight Leaked  | Held at 2 PSID ClosedTight Leaked   |  |
| Repairs and<br>Materials Used  |   |   |  |
| Repair Details   |   | •   | 1  |
| Test After Repa  | 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