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	PWS ID: Contact Name:	2460001 Water Regulatory
	Georgetown, Texas 78626	Phone Number:	512-930-3640
		BPAT Information	
Company Name: Fester 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 416 Great Lawn Bend Georgetown, TX 78628	Company Name: Contact Name: Mailing Address Phone Number: Email Address:	
		Backflow Information	
The backflow prevention acceptable parameters.	assembly detailed below has been test	ed and maintained as required by com	mission regulations and is certified to be operating within
Backflow Method: Main Assembly Manufa Location: Hazard Type ****:	Double Check Valve acturer: Apollo M Right front yard 5 feet from meter Irrigation - Non Chemical	odel: DC4A Size: 1	Serial Number: 88766C
		Backflow Test Information	
Fest Result: Reason for Test:	Passed New Installation		
	ed in accordance with manufacturers		es? Yes
-	ed on a non-potable water supply (au		
Differential pressure Jauge used:	MidWest 845-5 (potable)	Serial Number: 09231317	Date Tested for Accuracy: 3/14/2024
-		e Check Valve	
	Check Valve #1	Check Valve #2	
Initial Test Date: 7/2/2024 Time: 3:50 PM	Held at 2.1 PSID ClosedTight Leaked	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