

Backflow Prevention Assembly Test Report

<u>Service Address</u>	Hazard/CCID: 42215	Location: 4538 Royal Oak Blvd. San Marcos, TX 78666	
SAN MARCOS, TX 78666	Meter#: 96225634	Serial #:	Check if Correct <input checked="" type="checkbox"/> Corrections <u>98260C</u>
	LID/Service:	Manufacturer:	<input checked="" type="checkbox"/> <u>Apollo</u>
	Account #:	Model:	<input checked="" type="checkbox"/> <u>DC4A</u>
Site Use:	Hazard: Irrigation	Type:	<input checked="" type="checkbox"/> <u>DCVA</u>
<u>Mailing Address</u>	4538 Royal Oak Blvd.	Size:	<input checked="" type="checkbox"/> <u>1"</u>
San Marcos, TX 78666		Orientation:	<input checked="" type="checkbox"/> <u>Horizontal</u>
		Protection:	<input checked="" type="checkbox"/> <u>Irrigation - Low</u>

Test Due No Later than:	Existing <input type="checkbox"/> Removed <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"/>
	New <input checked="" type="checkbox"/> Replaced <input type="checkbox"/>		

	Reduced Pressure Principle Assembly	
	Double Check Valve Assembly	PVB/SVB
	Check Valve #1	Check Valve #2
	Relief Valve	Air Inlet
	Check Valve	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>10-21-2024</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>10:50AM</u>				No <input type="checkbox"/>	
Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>	Held at <u>2.3</u> PSID	Held at <u>1.9</u> PSID	Opened at ___ PSID	Opened at ___ PSID	Held 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"/>	Opened Fully <input type="checkbox"/>	Held at ___ PSID
Date _____					
Time _____	Held at ___ PSID	Held at ___ PSID	Opened at ___ PSID	Opened at ___ PSID	
Pass <input type="checkbox"/> Fail <input type="checkbox"/>					

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>Brad Weyant</u> Signature <u><i>Brad Weyant</i></u> Certification # <u>BP0016935</u> Expire <u>12/3/2024</u> Phone <u>5126059790</u> Test Kit Serial # <u>09231317</u> Calibration Date <u>3/14/2024</u> Company <u>Safewater Backflow</u> Phone <u>5126059790</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"><u>60</u></td> </tr> <tr> <td>Meter Reading</td> <td colspan="2"><u>No power</u></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	<u>60</u>		Meter Reading	<u>No power</u>		Test Results			Pass	<input checked="" type="checkbox"/>	Fail <input type="checkbox"/>
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 Submit completed Test Report:	630 E HOPKINS ST SAN MARCOS TX 78666 512-393-8008 Fax: SODONNELL@SANMARCOSTX.GOV
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