## 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<br>Georgetown, Texas  78626  | PWS ID:<br>Contact Name:<br>Phone Number                                       | 5 ,   |
|--|--|--|---|
|  |  | BPAT Information   |   |
| Company Name:<br>Tester Name:<br>Address:                                  | Safewater Backflow and Irrigation<br>Brad Weyant<br>609 E 50TH<br>AUSTIN, Texas 78751                    | Phone Number<br>Email Address<br>License Numb<br>License Expira                | s: brad@safewateratx.com<br>ber: BP0016935                    |
|  | Location Information   |  | Contact Information   |
| Property Type:<br>Business Name:<br>Property Address:                      | Residential<br>5813 Sean Paul Ln<br>Georgetown, TX 78628   | Company Nam<br>Contact Name<br>Mailing Addres<br>Phone Number<br>Email Address | :<br>ss: 5813 Sean Post Dr<br>Georgetown, TX 78628<br>r:      |
|  |  | Backflow Information   |   |
| The backflow prevention acceptable parameters.                             | assembly detailed below has been t   | ested and maintained as required by co   | ommission 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 5 feet from meter<br>Irrigation - Non Chemical | Model: DC4A Size:  | 1 Serial Number: 88559C                                       |
|  |  | Backflow Test Information  | 1   |
| Test Result:<br>Reason for Test:<br>Is the assembly install                | Passed<br>New Installation<br>ed in accordance with manufacture  | ers recommendations and/or local co  | ndes? Yes   |
|  | ed on a non-potable water supply (   |  |   |
| Differential pressure<br>gauge used:                                       | MidWest 845-5 (potable)  | Serial Number: 09231317  | 7 Date Tested for Accuracy: 3/14/2024                         |
|  | Dou  | uble Check Valve   |   |
|  | Check Valve #1   | Check Valve #2   |   |
| Initial Test<br>Date: 7/11/2024<br>Time: 12:00 PM                          | Held at 2.1 PSID<br>ClosedTight<br>Leaked  | Held at 2 PSID<br>ClosedTight Leaked   |   |
| Repairs and<br>Materials Used  |  |  |   |
| 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