

4050 FM 1660 Hutto, Texas 78634 2983 512-759-1286 Fax 512-759-

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

| PWS I.D: <b>2460022</b><br>MAILING ADDRESS | 705 Emory Xing Hutto, T                          | X 78634                        |  |                         |              |  |
|--|--|--------------------------------|--|-------------------------|--------------|--|
| CONTACT PERSON                             |  |                                |  |                         |              |  |
| LOCATION OF SERV                           | ICE 705 Emory Xing Hu                            | utto, TX 78634                 |  |                         |              |  |
| INSPECTION DATE _                          | _12/11/2024_3:55PM                               |                                |  |                         |              |  |
|  | tion assembly detailed brating within acceptable |                                | d and maintained as re                     | quired by TCEQ regula   | tions and    |  |
|  |  | TYPE OF A                      | ASSEMBLY                                   |                         |              |  |
| () Reduced Pressure ZONE                   |  |                                | () Reduced Pressure Principle-Detector     |                         |              |  |
| (X) Double Check Valve                     |  |                                | () Double Check-Detector                   |                         |              |  |
| () Pressure Vacuum Breaker                 |  |                                | () Spill-Resistant Pressure Vacuum Breaker |                         |              |  |
| Manufacture                                | er: Apollo                                       |                                |  |                         |              |  |
| Model # DC                                 | 4A   | Serial # 85359                 | OC   |                         |              |  |
| l anation of                               | davias I aft frank wand F                        | foot foom works                |  |                         |              |  |
| Location of                                | device Left front yard 5                         | teet from meter                |  |                         |              |  |
| le the assembly instal                     | lled in accordance with r                        | manufacturer recomi            | mendations and/or loca                     | I codes? Ves            |              |  |
| To the assembly metal                      |  |                                |  |                         |              |  |
|  | Reduced Pressure Principle Assembly              |                                | ssembly                                    | Pressure Vacuum Breaker |              |  |
|  | Double Check Valve Assembly                      |                                | Relief Valve                               | Air Inlet               | Check Valve  |  |
|  |  |                                |  |                         |              |  |
| 1 10 1 = 1                                 | 1st Check  | 2nd Check                      |  | Opened at psid          | Held at psid |  |
| Initial Test                               | Held at 2.2                                      | Held at psid 2.2               | Opened at psid                             | Did not Open            | Leaked       |  |
|  | 0  |                                | Did not onen -                             |                         | _            |  |
|  | Closed Tight X<br>Leaked                         | Closed Tight X<br>Leaked □     | Did not open □                             |                         |              |  |
|  | Leaked   | Leaked □<br>                   |  |                         |              |  |
| Repairs and<br>Materials Used              |  |                                |  |                         |              |  |
| Test After                                 | Held at psid                                     | Held at psid<br>Closed Tight □ | Opened at psid                             | Opened at psid          | Held At psid |  |
| Test Alter                                 | Ŭ  |                                |  |                         |              |  |
| Repair                                     |  |                                |  |                         |              |  |
| The above is certific                      | ed to be true at the time                        | of testing,                    |  |                         |              |  |
| 0 0  | Make / Model Mid West                            | 845 SN: 092                    | 231317 Calibra                             | ation Date:3/14/2024    |              |  |
| Firm Name Safewa                           | ater Backflow                                    |                                | Certified Tester: Bra                      | d Weyant                |              |  |
| Firm Address PO I                          | Box 4002 Austin, TX 78                           | 3765                           | Cert. Tester No:                           | BP0016935               |              |  |
| Firm Phone # 512-605-9790                  |  |                                |  |                         |              |  |

- TEST RECORDS MUST BE KEPT FOR AT LEAST THREE YEARS \*\* USE ONLY MANUFACTURER'S REPLACEMENT PARTS