

BACKFLOW PREVENTION ASSEMBLY TEST MAINTENANCE REPORT FORM

DATE: 3/26/2024

NAME: DR HORTON- FT MYERS/NAPLES

ADDRESS:	105 VILLA PERC	ISA WAY	VENIC	E, FL 34275			
SUBDIVISION:	713 TSC						
METER NUMBER:	2312965	17	TYPE O	F INSPECTION:	B	BACKFLOW	
RP x CS PVB SIZE 1" MAKE WILKINS ZURN MODEL# 975XL2						#975XL2	
POTABLE	х		IRRIGATION_				
SERIAL NUMBER ABA21649			LOCATION _		FRONT YARD		
CHECK VALVE #	1 CL	OSED X	PSI	9.2	TEST KIT	09110377	
CHECK VALVE #	2 CL	OSED <u>X</u>	PSI	2.6	_ TEST KIT		
RELIEF VALVE OPENED AT 3.4							
REPLACED BACKFLOW:							
PASS	X		FAILED		_		
REPAIRS, PARTS, MATERIALS & COMMENTS:							
	FY THAT THIS DA ICE OF THE BACK			ts the proper o	PERATION		
PRINT NAME OF	CERTIFIED TESTE	R: <u>P</u> E	ETER LANZA			_	
TESTER'S CERTIFICATION NUMBER:			15405		EST DATE:	3/26/2025	
SIGNATURE:	Peter La	nza					

CFC# V072214906