



ASSEMBLY TEST DATA and MAINTENANCE REPORT

INCOMPLETE FORMS WILL NOT BE ACCEPTED

CUSTOMER NAME:				ACCOUNT NO.:
SERVICE LOCATION ADDRESS:				TRANSPONDER #:
DEVICE LOCATION DESCRIPTION:				METER #:
TYPE OF ASSEMBLY:				METER READING:
MANUFACTURER:		MODEL NO.:	SIZE:	SERIAL NO.:

TEST DATE:	TIME:	TEST:
		<input type="checkbox"/> INITIAL <input type="checkbox"/> SEMI-ANNUAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER - LIST

SERVICE TYPE:			LINE PRESSURE AT TIME OF TEST:	PRESSURE DROP ACROSS FIRST CHECK VALVE:
<input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> COMBINATION <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER			PSI	PSID

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. Leaked <input type="checkbox"/> 2. Closed at _____ PSID <input type="checkbox"/>	1. Leaked <input type="checkbox"/> 2. Closed at _____ PSID <input type="checkbox"/>	1. Opened at _____ PSID <input type="checkbox"/> 2. Did not open <input type="checkbox"/>	1. Air inlet opened at _____ PSID <input type="checkbox"/> 2. Did not open <input type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm, Large <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Diaphragm, Small <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer, Lower <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>	Check Valve <input type="checkbox"/> Leaked <input type="checkbox"/> Closed at _____ PSID <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc Air Inlet <input type="checkbox"/> Disc CV <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>
FINAL TEST	1. Leaked <input type="checkbox"/> 2. Closed at _____ PSID <input type="checkbox"/>	1. Leaked <input type="checkbox"/> 2. Closed at _____ PSID <input type="checkbox"/>	1. Opened at _____ PSID <input type="checkbox"/> 2. Did not open <input type="checkbox"/>	1. Air inlet opened at _____ PSID <input type="checkbox"/> 2. Did not open <input type="checkbox"/>

BFP TEST KIT MANUFACTURER:	KIT MODEL NO.:	KIT SERIAL NO.:	KIT CALIBRATION:	DATE CALIBRATED:	COMPANY:
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REMARKS:

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE (TRUE) AND REFLECTS THE PROPER OPERATION, TEST, AND/OR MAINTENANCE OF THIS ASSEMBLY.

RETURN REPORT TO:	THIS BACKFLOW ASSEMBLY HAS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED TESTING.	
Lowndes County Utilities Department 327 N. Ashley Street Valdosta, Georgia 31601 Phone No: (229) 671-2500	TESTED BY: (NAME)	TESTED BY: (SIGNATURE)
	TESTED BY: (FIRM NAME & ADDRESS)	TESTED BY: (PHONE NUMBER)
	REPAIR BY: (SIGNATURE)	REPAIR BY: (NAME & FIRM)
	FINAL TEST BY: (SIGNATURE)	FINAL TEST BY: (NAME AND FIRM)
	TRAINING CERTIFICATE NO.:	CERTIFICATE EXPIRATION DATE: