EAST POINT
GEORGIA

WATER AND SEWER DEPARTMENT
METER SERVICES DIVISION
BACKFLOW PREVENTION
A Community Environmental/ Health Protection Program
ASSEMBLY TEST DATA and MAINTENANCE REPORT

ACCOUNT NAME	ACCOUNT NO:	FILE NO:
MAILING ADDRESS:	CONTACT NAME:	CONTACT NO:
SERVICE ADDRESS:		METER NUMBER:
LOCATION OF ASSEMBLY:		INSTALLATION DATE:

TYPE OF ASSEMBLY:	MANUFACTURER:	MODEL:	SIZE:	SERIAL NO.:

DATE:	TIME:	TEST:	INITIAL:	SEMI-ANNUAL:	ANNUAL:	OTHER-LIST:

DOM:	FIRE:	COMBO:	IRRIG:	OTHER:	DIFFERENTIAL PRESSURE AT TIME OF TEST: P.S.I.G ____	PRESSURE DROP ACCESS
ISOLATION DESCRIPTION:						FIRST CHECK VALVE: ____ P.S.I.G

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
	1. Leaked ☐ 2. Closed at ___ P.S.I.D ☐ Passed ☐ Failed ☐	1. Leaked ☐ 2. Closed at ___ P.S.I.D ☐ Passed ☐ Failed ☐	1. Opened at ___ P.S.I.D ☐ 2. Did Not Open ☐ Passed ☐ Failed ☐	1. Air Jet Opened at ____ P.S.I.D ☐ 2. Did Not Open at _____ Passed ☐ Failed ☐

REPAIRS	Cleaned ☐
	
	Replaced:
	  Disc: ☐
	  Spring: ☐
	  Guide: ☐
	  Pin Retainer ☐
	  Hinge Pin ☐
	  Seal ☐
	  Diaphragm ☐
	  "O" Rings ☐
	  Complete Repair Kit ☐
	  Other, Describe ☐
		Cleaned ☐
		
		Replaced:
		  Disc: ☐
		  Spring: ☐
		  Guide: ☐
		  Pin Retainer ☐
		  Hinge Pin ☐
		  Seal ☐
		  Diaphragm ☐
		  "O" Rings ☐
		  Complete Repair Kit ☐
		  Other, Describe ☐
			Cleaned ☐
			
			Replaced:
			  Disc: ☐
			  Spring: ☐
			  Guide: ☐
			  Pin Retainer ☐
			  Hinge Pin ☐
			  Seal ☐
			  Diaphragm ☐
			  "O" Rings ☐
			  Complete Repair Kit ☐
			  Other, Describe ☐
				Check Value:
				
				 Leak_____ P.S.I.D ☐
				
				 Closed _____ P.S.I.D ☐
				
				Cleaned ☐
				
				Replaced:
				  C. V. Assembly ☐
				  Disc. Air Inlet ☐
				  Disc. C.V. ☐
				  Spring ☐
				  Retainer ☐
				  Guide ☐
				  "O"Rings ☐
				   Other, Describe ☐

Final Test	Closed at ____ P.S.I.D ☐ Pressure Drop Across Check Valve No. 1____ P.S.I.D	Closed at ____ P.S.I.D ☐	Opened at ____ P.S.I.D ☐	Passed ☐ Failed ☐

SF TEST KIT MANUFACTURER:	KIT MODEL NO:	KIT SERIAL NUMBER:	KIT CALIBRATION EXPIRATION DATE:	CALIBRATION COMPANY:

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: City of East Point Water and Sewer Department Meter Services Division-Backflow Prevention 2757 East Point Street East Point, GA 30344	TESTED BY: (SIGNATURE) PRINT NAME:
	REPAIRED BY: (SIGNATURE) PRINT NAME:
	FINAL TEST BY: (SIGNATURE)
	TRAINING CERTIFICATION NO. CERTIFICATION EXPIRATION DATE

Fax 404-270-7222
Office 404-270-7194