



## ASSEMBLY TEST DATA and MAINTENANCE REPORT

[backflow@fayettecountyga.gov](mailto:backflow@fayettecountyga.gov)

<b>INCOMPLETE FORMS WILL NOT BE ACCEPTED</b>						ACCOUNT NO:
CUSTOMER NAME:						TRANSPONDER #:
SERVICE LOCATION ADDRESS:						METER #:
DEVICE LOCATION DESCRIPTION:						METER READING:
TYPE OF ASSEMBLY:		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:    PSI		PRESSURE DROP ACROSS FIRST CHECK VALVE    PSID
<input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> COMBINATION <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER						
	<b>CHECK VALVE NO. 1</b>		<b>CHECK VALVE NO. 2</b>		<b>DIFFERENTIAL PRESSURE RELIEF VALVE</b>	<b>PRESSURE VACUUM BREAKER</b>
<b>INITIAL TEST</b>	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"/>
<b>REPAIRS</b>	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 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"/>
<b>FINAL TEST</b>	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:
REMARKS:						
I HEREBY CERTIFY THAT THIS DATA IS ACCURATE (TRUE) AND REFLECTS THE PROPER OPERATION, TEST, AND/OR MAINTENANCE OF THIS ASSEMBLY.						
<b>RETURN REPORT TO:</b>		<b>THIS BACKFLOW ASSEMBLY HAS</b> <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED            TESTING.				
<a href="mailto:BACKFLOW@FAYETTECOUNTYGA.GOV">BACKFLOW@FAYETTECOUNTYGA.GOV</a>  Fayette County Water System P.O. Box 190 Fayetteville, Georgia 30214 Phone No: (770) 320-6048		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:	