

CITY OF CARROLLTON
WATER SYSTEM
 BACKFLOW-PREVENTION
 DEVICE TEST DATA AND MAINTENANCE REPORT

Account Name:				Contact:		Phone:	
Mailing Address:						Meter #:	
Service Address:						Meter Reading:	
Location of Device:						Installation Date:	
Device Type:	Manufacturer:	Model:	Size:	Serial #:			
Date Tested:	Time: AM PM	Line Pressure at Time of Test:	lbs.	Pressure Drop Across First Check Valve:	lbs.		
Domestic	Fire	Combo	Irrigation	Other			

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE
INITIAL TEST	1. Leaked..... <input type="checkbox"/> 2. Closed tight <input type="checkbox"/>	1. Leaked..... <input type="checkbox"/> 2. Closed tight <input type="checkbox"/>	1. Opened at _____ lbs. reduced pressure. 2. Did not open..... <input type="checkbox"/>
REPAIRS	Cleaned <input type="checkbox"/> Replaced: 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"/> Other, decibe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: 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"/> Other, decibe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Disc, upper Disc, lower Spring Diaphragm, large Upper Lower Diaphragm, small Upper Lower Spacer, lower Other, describe
	FINAL TEST	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>

Device: Passed Failed

Remarks: _____

THE ABOVE REPORT IS CERTIFIED TO BE TRUE

RETURN REPORT TO: City of Carrollton P.O. Box 1949 Carrollton, GA 30112 Attn: Utility Billing	TEST GAUGE USED:	CALIBRATION DATE:
	SERIAL #:	
	TESTED BY:	COMPANY NAME:
	PHONE #:	
	REPAIRED BY:	FINAL TEST BY:
	CERTIFICATION #:	CERTIFICATION DATE: