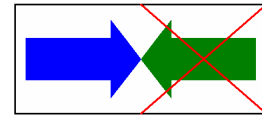




**FULTON COUNTY
DEPARTMENT OF PUBLIC WORKS
BACKFLOW-PREVENTION**

*“a community-environmental
health protection program”*

ASSEMBLY TEST DATA & MAINTENANCE REPORT



****FIELDS IN RED ARE REQUIRED****

Account Name: (Name of Premise)					Contact Name:	
Mailing Address: (Owner/Agent)					Telephone #:	
Service Address: (Premise)					Meter No.:	
Location of Assembly:					Installation Date:	
Type of Assembly:	Manufacturer:	Model:	Size:	Serial No.:		
Date of Test:	Time of Test: AM PM	Initial Test <input type="checkbox"/> New <input type="checkbox"/> Retrofit <input type="checkbox"/>	Semi Annual Test:	Annual Test:	Other Test – List:*(i.e., repair re-test)	
Dom:	Fire:	Combo:	Irrigation:	Other:	Line pressure at time of test _____psig	Apparent pressure drop across check valve No.1 _____psig

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER	
	1. Leaked _____ <input type="checkbox"/> 2. Closed at _____psid <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>	1. Leaked _____ <input type="checkbox"/> 2. Closed at _____psid <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>	1. Opened at _____psid <input type="checkbox"/> 2. Did not open _____ <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>	1. Air inlet opened at _____psid <input type="checkbox"/> 2. Did not open _____ <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>	
R E P A I R S	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"/> “O” rings _____ <input type="checkbox"/> Test cocks _____ <input type="checkbox"/> #1 _____ #2 _____ Complete repair kit _____ <input type="checkbox"/> Other, describe _____ <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"/> “O” rings _____ <input type="checkbox"/> Test cocks _____ <input type="checkbox"/> #3 _____ #4 _____ Complete repair kit _____ <input type="checkbox"/> Other, describe _____ <input type="checkbox"/>	Cleaned _____ <input type="checkbox"/> Replaced: Disc. _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Diaphragm _____ <input type="checkbox"/> Spacer _____ <input type="checkbox"/> “O” rings _____ <input type="checkbox"/> Seat _____ <input type="checkbox"/> Complete repair kit _____ <input type="checkbox"/> Other, describe _____ <input type="checkbox"/>	Check Valve: Leaked at _____psid <input type="checkbox"/> Closed at _____psid <input type="checkbox"/> Cleaned _____ <input type="checkbox"/> Replaced: C.V. assembly. _____ <input type="checkbox"/> Disc. Air inlet _____ <input type="checkbox"/> C.V. disc _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Retainer _____ <input type="checkbox"/> Guide _____ <input type="checkbox"/> Bonnet _____ <input type="checkbox"/> Other, describe _____ <input type="checkbox"/>	
*	Date:	Time: AM PM	Line pressure at time of test _____psig		
FINAL TEST	Closed at _____psid <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Closed at _____psid <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Opened at _____psid <input type="checkbox"/> Passed <input type="checkbox"/> Failed <input type="checkbox"/>	Passed _____ <input type="checkbox"/> Failed _____ <input type="checkbox"/>	

BFP test kit:	Manufacturer:	Model #:	Serial number:	Calibration exp date:	Company:
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Remarks:

****Please sign below where directed by clicking on the signature tool in the tool bar and following the instructions to place a signature.****

I hereby certify that this data is accurate (true) and reflects the proper operation, test, and /or maintenance of this assembly.

**Fulton County
Department of Public Work
Backflow Prevention Section
11575-A Maxwell Rd.
Alpharetta, GA 30009
Phone (770) 410-3421
Fax (404) 893-1896**

Tested by: (print)	
Repaired by: (print)	Signature:
Final test by: (signature)	
Training certification no:	Certification expiration date:

TURN WATER ON

Please save a completed copy of this form and email to: Jason.Depas@fultoncountyga.gov