

# BANKS COUNTY BACKFLOW PREVENTION PROGRAM DEVICE TEST DATA AND MAINTENANCE REPORT

ACCOUNT NAME	ACCOUNT NO.	FILE NO.
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MAILING ADDRESS

SERVICE ADDRESS	METER NO.
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LOCATION OF DEVICE	INSTALLATION DATE
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DEVICE	MANUFACTURE	MODEL	SIZE	SERIAL NO.
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DATE	TIME	LINE PRESSURE AT TIME OF TEST	PRESSURE DROP ACROSS FIRST CHECK VALVE
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	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE
<b>INITIAL TEST</b>	1. LEAKED----- 2. CLOSED TIGHT-----	1. LEAKED----- 2. CLOSED TIGHT-----	1. OPENED AT _____ LBS. 1. REDUCED PRESSURE----- 2. DID NOT OPEN-----
<b>R E P A I R S</b>	CLEANED----- REPLACED DISC----- SPRING----- GUIDE----- PIN RETAINER----- HINGE PIN----- SEAL----- DIAPHRAM----- OTHER, DESCRIBE BELOW	CLEANED----- REPLACED DISC----- SPRING----- GUIDE----- PIN RETAINER----- HINGE PIN----- SEAL----- DIAPHRAM----- OTHER, DESCRIBE BELOW	CLEANED----- REPLACED DISC, UPPER----- DISC, LOWER----- SPRING----- DIAPHRAGM, LARGE UPPER----- LOWER----- DIAPHRAGM, SMALL UPPER----- LOWER----- SPACER, LOWER----- OTHER, DESCRIBE BELOW

<b>FINAL TEST</b>	CLOSED TIGHT----- <input type="checkbox"/> CLOSED TIGHT----- <input type="checkbox"/>	OPENED AT _____ LBS REDUCED PRESSURE
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REMARKS:

THE ABOVE IS CERTIFIED TO BE TRUE

RETURN REPORT TO: <b>BANKS COUNTY WATER</b>  <b>546 WHIPPOORWILL WAY</b>  <b>ALTO, GA 30510</b>  <b>GIVE CUSTOMER COPY</b>	TESTED BY:  PREPARED BY:  FINAL TEST BY:  CERTIFICATION NO.      DATE:
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