BARTOW COUNTY WATER DEPARTMENT

50 NELSON STREET

ASSEMBLY TEST DATA and MAINTENANCE REPORT (Phone #)

ACCOUNT NAME:	ACCOUNT NO.:	FILE NO.:
MAILING ADDRESS:	PERSON CONTACTED	
SERVICE ADDRESS:	METER NO.:	
LOCATION OF ASSEMBLY:	INSTALLATION DATE:	

TYPE OF ASSEMBLY:	MANUFACTURER:	MODEL:	SIZE:	SERIAL NO.:	
DATE:	TIME: AM PM	TEST: (CHECK ONE)	INITIAL:	SEMI ANNUAL:	ANNUAL:
OTHER - LIST: (I.E., REPAIR RE-TEST)					
DOM.:	FIRE:	COMBO:	IRRIG.:	OTHER:	
LINE PRESSURE AT TIME OF TEST: _____ P.S.I.D.	PRESSURE DROP ACROSS FIRST CHECK VALVE _____ P.S.I.D.				

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
	1. Leaked.....☐ 2. Closed at_____P.S.I.D.☐	1. Leaked.....☐ 2. Closed at_____P.S.I.D.☐	1. Opened at_____P.S.I.D.☐ 2. Did Not Open.....☐	1. Air Inlet Opened at _____P.S.I.D.☐ 2. Did Not Open_____ 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.....☐ Upper.....☐ Lower.....☐ Spring.....☐ Diaphragm, Large.....☐ Upper.....☐ Lower.....☐ Diaphragm, Small.....☐ Upper.....☐ Lower.....☐ Spacer Lower.....☐ "O" Rings.....☐ Complete Repair Kit.....☐ Other, Describe.....☐	Check Valve: Leaked_____P.S.I.D.☐ Closed at_____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.....☐

BFP TEST KIT MANUFACTURER	KIT MODEL NO.	KIT SERIAL NUMBER	KIT CALIBRATION	DATE	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:

Bartow County Water Department
Backflow Prevention Coordinator
P.O. Box 850
Cartersville, GA 30120
Phone (770) 387-5170
Fax (770) 387-5173

TESTED BY: (SIGNATURE)

REPAIRED BY: (SIGNATURE)

FINAL TEST BY: (PRINT)

TRAINING CERTIFICATION NO.:	CERTIFICATION EXPIRATION DATE:

TURN WATER ON!!!

WHITE - RETURN TO BCWD

YELLOW - TESTER COPY

PINK - CUSTOMERS' COPY