



**AUGUSTA, GEORGIA
UTILITIES DEPARTMENT
BACKFLOW PREVENTION SECTION**

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ASSEMBLY TEST DATA AND MAINTENANCE REPORT

ACCOUNT NAME:			ACCOUNT NO.:		FORM REVISION NO.: 2022.1	
MAILING ADDRESS:					METER READING:	
SERVICE ADDRESS:					METER NO.:	
LOCATION OF ASSEMBLY:					INSTALLATION DATE:	
TYPE OF ASSEMBLY:		MANUFACTURER:		MODEL NO.:		SIZE:
DATE:		TIME:		TEST: <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER - LIST		STRAINER PRESENT: <input type="checkbox"/> NO <input type="checkbox"/> YES
SERVICE TYPE: <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> COMBINATION <input type="checkbox"/> LAWN IRRIGATION <input type="checkbox"/> OTHER			LINE PRESSURE AT TIME OF TEST: PSI		PRESSURE DROP ACROSS FIRST CHECK VALVE PSID	
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	FOR FUTURE USE		
INITIAL TEST	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"/>			
REPAIRS	Replaced: Strainer <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 Complete <input type="checkbox"/> Repair Kit Other, Describe <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> Cleaned: Strainer <input type="checkbox"/>	Replaced: Strainer <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 Complete <input type="checkbox"/> Repair Kit Other, Describe <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> Cleaned: Strainer <input type="checkbox"/>	Replaced: Strainer <input type="checkbox"/> Disc <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring 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 Complete <input type="checkbox"/> Repair Kit Other, Describe <input type="checkbox"/> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> Cleaned: Strainer <input type="checkbox"/>			
FINAL TEST	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"/>			
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. (Revised 5/20/2021)						
RETURN REPORT TO:		THIS BACKFLOW ASSEMBLY HAS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED TESTING.				
AUGUSTA UTILITIES DEPARTMENT BACKFLOW PREVENTION SECTION 452 WALKER STREET, SUITE 200 AUGUSTA, GA 30901		TESTED BY: (SIGNATURE)			TESTED BY: (NAME, FIRM AND PHONE NUMBER)	
		REPAIRED BY: (SIGNATURE)			REPAIRED BY: (NAME, FIRM AND PHONE NUMBER)	
		FINAL TEST BY: (SIGNATURE)			FINAL TEST BY: (NAME, FIRM AND PHONE NUMBER)	
		TRAINING CERTIFICATE NO.:			CERTIFICATE EXPIRATION DATE:	