



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

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ASSEMBLY TEST DATA and MAINTENANCE REPORT

ACCOUNT NAME:			ACCOUNT NO.:		FILE NO.:
MAILING ADDRESS:					METER READING:
					METER NO.:
LOCATION OF ASSEMBLY:					INSTALLATION DATE:
TYPE OF ASSEMBLY:		MANUFACTURER:	MODEL NO.:	SIZE:	SERIAL NO.:
DATE:	TIME:	TEST: <input type="checkbox"/> INITIAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER - LIST			
SERVICE TYPE: <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> COMBINATION <input type="checkbox"/> 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	PRESSURE VACUUM BREAKER	
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"/>	1. Air inlet opened at _____ PSID <input type="checkbox"/> 2. Did not open <input type="checkbox"/>	
REPAIRS	Cleaned <input type="checkbox"/> Replaced <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 <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <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 <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> 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 <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>	Check Valve Leaked <input type="checkbox"/> Closed at _____ PSID <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc Air Inlet <input type="checkbox"/> Disc CV <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <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"/>	1. Air inlet 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.					
RETURN REPORT TO:		THIS BACKFLOW ASSEMBLY HAS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED TESTING.			
AUGUSTA, GA UTILITIES DEPARTMENT BACKFLOW – PREVENTION 452 WALKER STREET SUITE 200 AUGUSTA, GA 30901		TESTED BY: (SIGNATURE)		TESTED BY: (NAME AND FIRM)	
		REPAIRED BY: (SIGNATURE)		REPAIRED BY: (NAME AND FIRM)	
		FINAL TEST BY: (SIGNATURE)		FINAL TEST BY: (NAME AND FIRM)	
		TRAINING CERTIFICATE NO.:		CERTIFICATE EXPIRATION DATE:	