

**City of Loganville**  
**Backflow - Prevention**  
 " a community environmental / health protection program "  
**Assembly Test Data and Maintenance Report**

ACCOUNT NAME:	ACCOUNT NO.:	FILE NO.:
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MAILING ADDRESS:
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SERVICE ADDRESS:	METER NO.:
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LOCATION OF ASSEMBLY:	INSTALLATION DATE:
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TYPE OF ASSEMBLY:	MANUFACTURER:	MODEL:	SIZE:	SERIAL NO.:
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DATE:	TIME:	TEST:	INITIAL:	SEMIANNUAL:	ANNUAL:	OTHER - LIST:
	AM      PM	(CHECK ONE)				(I.E.. REPAIR RE-TEST)

DOM.:	FIRE:	COMBO:	IRRIG.:	OTHER:	LINE PRESSURE AT TIME OF TEST:	PRESSURE DROP ACROSS
					_____ P.S.I.D.	FIRST CHECK VALVE: _____ P.S.I.D.

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
	1. Leaked ..... <input type="checkbox"/>	1. Leaked ..... <input type="checkbox"/>	1. Opened at _____ P.S.I.D. <input type="checkbox"/>	1. Air Inlet Opened at _____ P.S.I.D. <input type="checkbox"/>
	2. Closed at _____ P.S.I.D. <input type="checkbox"/>	2. Closed at _____ P.S.I.D. <input type="checkbox"/>	2. Did Not Open ..... <input type="checkbox"/>	2. Did Not Open at _____ Passed <input type="checkbox"/> Failed <input type="checkbox"/>
<b>R E P A I R S</b>	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"/> 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"/> Complete Repair Kit ..... <input type="checkbox"/> Other, Describe ..... <input type="checkbox"/>	Cleaned ..... <input type="checkbox"/>  Replaced: Disc 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 _____ P.S.I.D. <input type="checkbox"/>  Closed at _____ P.S.I.D. <input type="checkbox"/>  Cleaned ..... <input type="checkbox"/>  Replaced: C.V. Assembly ..... <input type="checkbox"/> Disc Air Inlet ..... <input type="checkbox"/> Disc C.V. .... <input type="checkbox"/> Spring ..... <input type="checkbox"/> Retainer ..... <input type="checkbox"/> Guide ..... <input type="checkbox"/> "O" Rings ..... <input type="checkbox"/> Other, Describe ..... <input type="checkbox"/>
<b>FINAL TEST</b>	Closed at _____ P.S.I.D. <input type="checkbox"/> Pressure Drop Across Check Valve No. 1 _____ P.S.I.D. <input type="checkbox"/>	Closed at _____ P.S.I.D. <input type="checkbox"/>	Opened at _____ P.S.I.D. <input type="checkbox"/>	Passed ..... <input type="checkbox"/> Failed ..... <input type="checkbox"/>

BFP TEST KIT MANUFACTURER	KIT MODEL NO.	KIT SERIAL NUMBER:	KIT CALIBRATION:	DATE	COMPANY
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REMARKS:
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I HEREBY CERTIFY THAT THIS DATA IS ACCURATE (TRUE) AND REFLECTS THE PROPER OPERATION, TEST, AND/OR MAINTENANCE OF THIS ASSEMBLY

RETURN REPORT TO:  <b>City of Loganville</b> <b>Backflow - Prevention</b> <b>P. O. Box 39</b> <b>Loganville, Ga. 30052</b> <b>(770) 466-1306</b>	TESTED BY: (SIGNATURE) <hr/> REPAIRED BY: (SIGNATURE) <hr/> FINAL TEST BY: (SIGNATURE) <hr/> TRAINING CERTIFICATION NO.: _____ CERTIFICATION EXPIRATION DATE: _____
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**TURN WATER ON!!!!**