

FORSYTH COUNTY
BACKFLOW - PREVENTION
 "a community-environmental health protection program"
DEVICE TEST DATA AND MAINTENANCE REPORT

BUSINESS NAME:			IRRIGATION	DOMESTIC	FIRE	OTHER
MAILING ADDRESS:			METER #			
SERVICE ADDRESS: SUITE#			LOCATION #	METER READING:		
LOCATION OF DEVICE:			INSTALLATION/REPLACE DATE:			
DEVICE TYPE	MANUFACTURER	MODEL	SIZE	SERIAL #		
DATE:	TIME AM PM	LINE PRESSURE AT TIME OF TEST: LBS	PRESSURE DROP ACROSS FIRST CHECK VALVE: LBS			
REPAIR DATE	DC AND PVB, Min for rpz 5 psid CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE			
INITIAL TEST	1. Leaked <input type="checkbox"/> 2. Closed tight <input type="checkbox"/>	1. Leaked <input type="checkbox"/> 2. Closed tight <input type="checkbox"/>	1. Opened at _____ lbs. Min for rpz relief 2 psi 2. Did not open <input type="checkbox"/>			
R E P A I R S	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>			
	Replaced: Disc <input type="checkbox"/>	Replaced: Disc <input type="checkbox"/>	Replaced: Disc, upper <input type="checkbox"/>			
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Disc, lower <input type="checkbox"/>			
	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Spring <input type="checkbox"/>			
	Pin retainer <input type="checkbox"/>	Pin retainer <input type="checkbox"/>	Diaphragm, large <input type="checkbox"/>			
	Hinge pin <input type="checkbox"/>	Hinge pin <input type="checkbox"/>	Upper <input type="checkbox"/>			
	Seal <input type="checkbox"/>	Seal <input type="checkbox"/>	Lower <input type="checkbox"/>			
	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Diaphragm, small <input type="checkbox"/>			
	Other, describe	Other, describe	Upper <input type="checkbox"/>			
			Lower <input type="checkbox"/>			
		Spacer, lower <input type="checkbox"/>				
		Other, describe				
FINAL TEST	Held at:	Held at:	Opened at _____ lbs. reduced pressure.			
ACCESSIBILITY:	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>					
Remarks:						
THE ABOVE REPORT IS CERTIFIED TO BE TRUE						
RETURN REPORT TO: FORSYTH COUNTY DEPARTMENT OF WATER & SEWER BACKFLOW PREVENTION SECTION 110 EAST MAIN STREET, SUITE 150 CUMMING, GA 30040 PHONE (770) 781-2160 FAX (770) 781-2163 E-MAIL MTBURGESS@FORSYTHCO.COM			TESTER COMPANY:			
			TESTED BY:			
			REPAIRED BY:			
			FINAL TEST BY:			
			CERTIFICATION #:			
			DATE:			
			TEST KIT S/N			
			CALIBRATION DATE			
			MODEL			

_____ Existing
 _____ Replaced
 _____ New
 _____ Repaired

READING FOR EACH CHECK MUST BE RECORDED OR TEST WILL NOT BE ACCEPTED