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

<table>
<thead>
<tr>
<th>BUSINESS NAME:</th>
<th>IRRIGATION</th>
<th>DOMESTIC</th>
<th>FIRE</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAILING ADDRESS:</td>
<td>METER #</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SERVICE ADDRESS:</td>
<td>LOCATION #</td>
<td>METER READING:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUITE#</td>
<td>INSTALLATION/REPLACE DATE:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOCATION OF DEVICE:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEVICE TYPE</th>
<th>MANUFACTURER</th>
<th>MODEL</th>
<th>LINE PRESSURE AT TIME OF TEST:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE:</td>
<td>TIME AM PM</td>
<td>PRESSURE DROP ACROSS FIRST CHECK VALVE:</td>
<td></td>
</tr>
<tr>
<td>REPAIR DATE</td>
<td>DC AND PVB, Min for rpz 5 psid</td>
<td>LBS</td>
<td></td>
</tr>
<tr>
<td>CHECK VALVE NO. 1</td>
<td>CHECK VALVE NO. 2</td>
<td>DIFFERENTIAL PRESSURE RELIEF VALVE</td>
<td></td>
</tr>
</tbody>
</table>

### INITIAL TEST
- 1. Leaked ☐
- 2. Closed tight ☐
- 1. Leaked ☐
- 2. Closed tight ☐

### REPAIRS
- Cleaned ☐
- Disc ☐
- Spring ☐
- Guide ☐
- Pin retainer ☐
- Hinge pin ☐
- Seal ☐
- Diaphragm ☐
- Other, describe ☐

### FINAL TEST
- Closed tight ☐

### ACCESSIBILITY:
- Good ☐
- Fair ☐
- Poor ☐

Remarks:

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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

_____ Existing _____ Replaced _____ New _____ Repaired

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