

CITY OF CUMMING
BACKFLOW - PREVENTION
 "a community-environmental health protection program"
DEVICE TEST DATA AND MAINTENANCE REPORT

ACCOUNT NAME:			ACCOUNT #:	
MAILING ADDRESS:				
SERVICE ADDRESS:			METER #:	
LOCATION OF DEVICE:			INSTALLATION DATE:	
DEVICE	MANUFACTURER	MODEL	SIZE	SERIAL #
DATE:	TIME AM PM	LINE PRESSURE AT TIME OF TEST: LBS	PRESSURE DROP ACROSS FIRST CHECK VALVE: LBS	
	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. 1. Reduced pressure. 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:	Replaced:	Replaced:	
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	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 Upper <input type="checkbox"/>	
	Hinge pin <input type="checkbox"/>	Hinge pin <input type="checkbox"/>	Lower <input type="checkbox"/>	
	Seal <input type="checkbox"/>	Seal <input type="checkbox"/>	Diaphragm, small Upper <input type="checkbox"/>	
	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Lower <input type="checkbox"/>	
Other, describe	Other, describe	Spacer, lower <input type="checkbox"/> Other, describe		
FINAL TEST	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ lbs. reduced pressure.	
Remarks: _____				
THE ABOVE REPORT IS CERTIFIED TO BE TRUE				
RETURN REPORT TO:			TESTED BY:	
CITY OF CUMMING			REPAIRED BY:	
DEPARTMENT OF UTILITIES			FINAL TEST BY:	
BACKFLOW PREVENTION SECTION			CERTIFICATION #:	
100 MAIN STREET			DATE:	
CUMMING, GA 30040				
(770) 781-2020				

