



BACKFLOW PREVENTION TEST DATA FORM

ACCOUNT NAME:			
ACCOUNT NUMBER:			
TYPE OF SERVICE:	<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> FIRE	<input type="checkbox"/> IRRIGATION <input type="checkbox"/> POOL
TYPE OF INSTALLATION:	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING	

MAILING ADDRESS:			
SERVICE ADDRESS:			METER NUMBER:
LOCATION OF DEVICE:			INSTALLATION DATE:
DEVICE TYPE:	MANUFACTURER:	MODEL:	SIZE:
			SERIAL NUMBER:
TEST DATE:	TIME:	LINE PRESSURE AT TIME OF TEST:	PRESSURE DROP ACROSS FIRST VALVE CHECK:

TEST DATA	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE
INITIAL TEST	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT AT _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT AT _____ PSID	<input type="checkbox"/> OPENED AT _____ lbs REDUCED PRESSURE <input type="checkbox"/> DID NOT OPEN
REPAIRS	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/> REPLACED	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/> REPLACED
FINAL TEST	<input type="checkbox"/> CLOSED TIGHT AT _____ PSID	<input type="checkbox"/> CLOSED TIGHT AT _____ PSID	<input type="checkbox"/> OPENED AT _____ lbs REDUCED PRESSURE

PASSED **REMARKS:**
 FAILED

PLEASE RETURN REPORT TO:
 Rabun County Water & Sewer Authority
 Attn.: Backflow Prevention
 P.O. Box 191
 Clayton, GA 30525

 or FAX to:
706-960-9991

Meter numbers and/or other pertinent information must be submitted with test report. Reports missing information may not be returned.

THE ABOVE REPORT IS CERTIFIED TO BE TRUE
PRINT COMPANY NAME:
REPAIRED BY:
CERTIFICATION NUMBER:
TEST KIT SERIAL NUMBER:
TESTED BY : (PRINT)
(SIGNATURE)