



Douglasville-Douglas County Water and Sewer Authority

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

ACCOUNT NAME:	ACCOUNT NO:
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MAILING ADDRESS:

SERVICE ADDRESS:	METER NO:
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LOCATION OF DEVICE:	INSTALLATION DATE:
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DEVICE	Manufacturer:	Model:	Size:	Serial No:
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DATE:	LINE PRESSURE AT TIME OF TEST:	PRESSURE DROP ACROSS FIRST CHECK VALVE:	LBS.
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	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. reduced pressure. 2. Did not open..... <input type="checkbox"/>
R E P A I R S	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"/> Other, describe..... <input type="checkbox"/> Number 1 Check Held at:	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"/> Other, describe..... <input type="checkbox"/> Number 2 Check Held at:	Cleaned..... <input type="checkbox"/> Replaced: Disc, upper..... <input type="checkbox"/> Disc, lower..... <input type="checkbox"/> Spring..... <input type="checkbox"/> Diaphragm, large Upper..... <input type="checkbox"/> Lower..... <input type="checkbox"/> Diaphragm, small Upper..... <input type="checkbox"/> Lower..... <input type="checkbox"/> Spacer, lower..... <input type="checkbox"/> Other, describe..... <input type="checkbox"/>
FINAL TEST	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened at _____ lbs. reduced pressure.

PASS _____ FAIL _____

Remarks: _____

THE ABOVE REPORT IS CERTIFIED TO BE TRUE

RETURN REPORT TO: DOUGLASVILLE-DOUGLAS COUNTY WATER AND SEWER AUTHORITY 8763 Hospital Drive Douglasville, Georgia 30134 Main Office (770) 949-7617 Angie Ward (770) 920-3834 e-mail - backflow@ddcwsa.com	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">TESTED BY:</td> <td style="width: 50%;">DATE:</td> </tr> <tr> <td colspan="2">COMPANY NAME: (PLEASE LIST)</td> </tr> <tr> <td>REPAIRED BY:</td> <td>DATE:</td> </tr> <tr> <td>FINAL TEST BY:</td> <td>DATE:</td> </tr> <tr> <td colspan="2">CERTIFICATION NO:</td> </tr> </table>	TESTED BY:	DATE:	COMPANY NAME: (PLEASE LIST)		REPAIRED BY:	DATE:	FINAL TEST BY:	DATE:	CERTIFICATION NO:	
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