



**PAULDING COUNTY WATER SYSTEM
BACKFLOW PROGRAM
3844 Atlanta Hwy, Hiram, GA 30141**

ASSEMBLY TEST DATA & MAINTENANCE REPORT

ACCOUNT NAME:		CONTACT PERSON:		PHONE NUMBER:	
MAILING ADDRESS:				METER READING:	
SERVICE ADDRESS:				METER NUMBER:	
LOCATION OF ASSEMBLY:				INSTALLATION DATE:	
TYPE OF ASSEMBLY:	MANUFACTURER:	MODEL NUMBER:	SIZE:	SERIAL NUMBER:	
DATE: / /	TIME: : AM / PM	TEST: <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER-LIST			
SERVICE TYPE: <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> COMBINATION <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER			LINE PRESSURE AT TIME OF TEST TEST: PSI		PRESSURE DROP ACROSS FIRST CHECK VALVE: PSID
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE		PRESSURE VACUUM BREAKER
INITIAL TEST	1. LEAKED: YES / NO 2. CLOSED AT: PSID	1. LEAKED: YES / NO 2. CLOSED AT: PSID	1. OPENED AT: PSID 2. DID NOT OPEN: YES / NO		1. AIR INLET OPENED AT: PSID 2. DID NOT OPEN: YES / NO
REPAIRS	CLEANED: <input type="checkbox"/> REPLACED: <input type="checkbox"/>	CLEANED: <input type="checkbox"/> REPLACED: <input type="checkbox"/>	CLEANED: <input type="checkbox"/> REPLACED: <input type="checkbox"/>		CLEANED: <input type="checkbox"/> REPLACED: <input type="checkbox"/>
	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>	DISC <input type="checkbox"/>		DISC <input type="checkbox"/>
	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	UPPER <input type="checkbox"/>		UPPER <input type="checkbox"/>
	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	LOWER <input type="checkbox"/>		LOWER <input type="checkbox"/>
	PIN RETAINER <input type="checkbox"/>	PIN RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>		SPRING <input type="checkbox"/>
	HINGE PIN <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	DIAPHRAGM, LARGE <input type="checkbox"/>		DIAPHRAGM, LARGE <input type="checkbox"/>
	SEAL <input type="checkbox"/>	SEAL <input type="checkbox"/>	UPPER <input type="checkbox"/>		UPPER <input type="checkbox"/>
	DIAPHRAGM <input type="checkbox"/>	DIAPHRAGM <input type="checkbox"/>	LOWER <input type="checkbox"/>		LOWER <input type="checkbox"/>
	"O" RINGS <input type="checkbox"/>	"O" RINGS <input type="checkbox"/>	DIAPHRAGM, SMALL <input type="checkbox"/>		DIAPHRAGM, SMALL <input type="checkbox"/>
	COMPLETE REPAIR KIT <input type="checkbox"/>	COMPLETE REPAIR KIT <input type="checkbox"/>	UPPER <input type="checkbox"/>		UPPER <input type="checkbox"/>
OTHER: DESCRIBE <input type="checkbox"/>	OTHER: DESCRIBE <input type="checkbox"/>	LOWER <input type="checkbox"/>		LOWER <input type="checkbox"/>	
		SPACER, LOWER <input type="checkbox"/>		SPACER, LOWER <input type="checkbox"/>	
		"O" RINGS <input type="checkbox"/>		"O" RINGS <input type="checkbox"/>	
		COMPLETE REPAIR KIT <input type="checkbox"/>		COMPLETE REPAIR KIT <input type="checkbox"/>	
		OTHER: DESCRIBE <input type="checkbox"/>		OTHER: DESCRIBE <input type="checkbox"/>	
FINAL TEST	1. LEAKED YES / NO 2. CLOSED AT: PSID	1. LEAKED YES / NO 2. CLOSED AT: PSID	1. OPENED AT: PSID 2. DID NOT OPEN: YES / NO		1. AIR INLET OPENED AT: PSID 2. DID NOT OPEN: YES / NO
BACKFLOW PREVENTER KIT "BFP" MANUFACTURER:		KIT MODEL NUMBER:	KIT SERIAL NUMBER:		CALIBRATION:
					CALIBRATION DATE:

REMARKS:

I HERBY CERTIFY THAT THIS DATA IS ACCURATE (TRUE) AND REFLECTS THE PROPER OPERATION, TEST, AND/OR MAINTENANCE OF THIS ASSEMBLY.

RETURN REPORT TO: EMAIL: jodie.few@paulding.gov MAIL: PAULDING COUNTY WATER SYSTEM ATTENTION: Jodie Few 3844 ATLANTA HWY HIRAM, GEORGIA 30141 PHONE NUMBER: 678-224-4086 FAX NUMBER: 678-224-4493		THE BACKFLOW ASSEMBLY HAS BEEN:	
		TESTED BY (SIGNATURE):	TESTED BY (PRINT):
		COMPANY NAME:	COMPANY PHONE NUMBER:
		REPAIRED BY (SIGNATURE):	REPAIRED BY (PRINT):
		FINAL TEST BY (SIGNATURE):	FINAL TEST BY (NAME AND FIRM):
		TRAINING CERTIFICATE NUMBER:	CERTIFICATION EXPIRATION DATE: