



**CITY OF LAWRENCEVILLE  
WATER DEPARTMENT  
BACKFLOW PREVENTION PROGRAM  
DEVICE TEST DATA AND MAINTENANCE REPORT  
MUST BE TYPED**



<b>ACCOUNT NAME</b>	<b>ACCOUNT NO.</b>	<b>FILE NO.</b>
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**MAILING ADDRESS**

<b>SERVICE ADDRESS</b>	<b>METER NO.</b>
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<b>LOCATION OF DEVICE</b>	<b>INSTALLATION DATE</b>
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<b>DEVICE</b>	<b>Manufacturer</b>	<b>Model</b>	<b>Size</b>	<b>Serial No.</b>
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<b>DATE</b>	<b>TIME</b> AM <input type="checkbox"/> PM <input type="checkbox"/>	<b>LINE PRESSURE AT TIME OF TEST</b>  LBS.	<b>PRESSURE DROP ACROSS FIRST CHECK VALVE:</b>  LBS.
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	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE
<b>INITIAL TEST</b>	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"/>
<b>R E P A I R S</b>	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"/>	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"/>	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"/>
<b>FINAL TEST</b>	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**

**CITY OF LAWRENCEVILLE  
WATER DEPARTMENT**  
70 S. CLAYTON STREET  
P.O. BOX 2200  
LAWRENCEVILLE, GA 30046  
678-442-9256

**TESTED BY**

**REPAIRED BY**

**FINAL TEST BY**

**CERTIFICATION NO**

**DATE**