



CITY OF LAWRENCEVILLE WATER DEPARTMENT



BACKFLOW PREVENTION PROGRAM

DEVICE TEST DATA AND MAINTENANCE REPORT

MUST BE TYPED

ACCOUNT NAME	ACCOUNT NO.	FILE NO.
---------------------	--------------------	-----------------

MAILING ADDRESS

SERVICE ADDRESS	METER NO.
------------------------	------------------

LOCATION OF DEVICE	INSTALLATION DATE
---------------------------	--------------------------

DEVICE	Manufacturer	Model	Size	Serial No.
---------------	---------------------	--------------	-------------	-------------------

DATE	TIME AM <input type="checkbox"/> PM <input type="checkbox"/>	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. 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"/>	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"/>
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

**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