DOUGLASVILLE-DOUGLAS COUNTY WATER AND SEWER AUTHORITY

P.O. Box 1157 | Douglasville | Georgia | 30133

BACKFLOW PREVENTION TEST DATA AND MAINTENANCE REPORT

Account Name _____ Account Number: _____

Mailing Address: _____

Service Address: _____ Meter Number: _____

Location of Device: _____ Installation Date: _____

Date: _____ Device: _____ Manufacturer: _____ Serial Number: _____

MODEL: _____
SIZE:

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 ..... ☐ 2. Closed Tight ..... ☐	1.Leaked ..... ☐ 2. Closed Tight ..... ☐	1. Opened at _____ lbs. reduced pressure 2. Did not open..... ☐
REPAIRS	Cleaned ..... ☐ Replaced: Disc ..... ☐ Spring..... ☐ Guide..... ☐ Pin-retainer..... ☐ Hinge pin..... ☐ Seal ..... ☐ Diaphragm ..... ☐ Other, describe ..... ☐ Number 1 Check Held at:	Cleaned ..... ☐ Replaced: Disc ..... ☐ Spring..... ☐ Guide..... ☐ Pin-retainer..... ☐ Hinge pin..... ☐ Seal ..... ☐ Diaphragm ..... ☐ Other, describe ..... ☐ Number 2 Check Held at:	Cleaned ..... ☐ Replaced: Disc, upper ..... ☐ Disc, lower ..... ☐ Spring..... ☐ Diaphram, Large Upper ..... ☐ Lower ..... ☐ Diaphram, Small Upper ..... ☐ Lower ..... ☐ Spacer, Lower ..... ☐ Other, describe ..... ☐
FINAL TEST	Closed Tight ..... ☐	Closed Tight ..... ☐	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
Backflow: 770-920-3834
Email: backflow@ddcwsa.com

TESTED BY: DATE:

TESTING COMPANY NAME:

REPAIRED BY: DATE:

FINAL TEST BY: DATE:

CERTIFICATION NUMBER: