

Newton County Water & Sewerage Authority  
 ENVIRONMENTAL COMPLIANCE DIVISION BACKFLOW - PREVENTION  
 "A community environmental/health protection program"  
 ASSEMBLY TEST DATA and MAINTENANCE REPORT

Account Name:					Account No:		File No:	
Mailing Address:								
Service Address:						Meter No:		
Location of Assembly:						Installation Date:		
Type of Assembly:			Manufacturer:		Model:		Size:	Serial No:
Date:	Time: Am      PM		Test ( Check One)	Initial:	Semi Annual:	Annual:	Other- List (I.E... Repair Re-Test)	
DOM:	Fire:	Combo:		Irrig:	Other:	Line Pressure at the Time of Test:  _____ P.S.I.G.		Pressure Drop Across First Check Valve:  _____ P.S.I.D.
Check Valve No. 1			Check Valve No. 2		Differential Pressure Relief Valve		Pressure Vacuum Breaker	
1. Leaked....._			1. Leaked....._		1. Opened at _____ P.S.I.D.		1. Air Inlet opened at _____ P.S.I.D.	
2. Closed at _____ P.S.I.D.			2. Closed at _____ P.S.I.D.		2. Did not open ....._		Did not open at Passed _      Failed _	
R e p a i r s	Cleaned .....		Cleaned .....		Cleaned .....		Check Valve:	
	Replaced: Disc....._ Spring....._ Guide....._ Pin Retainer....._ Hinge Pin....._ Seal....._ Diaphragm....._ "O" Rings....._ Complete Repair Kit. _ Other Describe....._		Replaced: Disc....._ Spring....._ Guide....._ Pin Retainer....._ Hinge Pin....._ Seal....._ Diaphragm....._ "O" Rings....._ Complete Repair Kit. _ Other Describe....._		Replaced: Disc....._ Lower....._ Upper....._ Spring....._ Diaphragm, Large...._ Upper....._ Lower....._ Diaphragm, Small Upper....._ Lower....._ Spacer Lower....._ "O" Rings....._ Complete Repair Kit. _ Other Describe....._		Leaked      P.S.I.D. _  Closed at      P.S.I.D. _  Cleaned....._ Replaced: C.V. Assembly....._ Disc Air Inlet....._ Disc C. V. ...._ Spring ....._ Retainer....._ Guide....._ "O" Rings....._ Other Describe....._	
Final Test	Closed at _____ P.S.I.D. _ Pressure Drop Across Check Valve No. 1 _____ P.S.I.D. _		Closed at _____ P.S.I.D. _		Opened at _____ P.S.I.D. _		Passed ....._ Failed....._	
BFP Test Kit Manufacture		Kit Model No.		Kit Serial No.		Kit Calibration:	Date:	Company:
Remarks:								
Detector Meter Reading								

I hereby certify that this data is accurate (true) and reflects the proper operation, test, and/or maintenance of this assembly  
 By typing signature, I certify that this data is accurate (true) and reflects the proper operation, test, and/or maintenance of this assembly.

<b>Return Report To:</b> <b>Newton County Water &amp; Sewerage Authority</b> <b>Environmental Compliance Division</b> <b>Cross-Connection Prevention Program</b> <b>11325 Brown Bridge Road</b> <b>Covington , Georgia 30016</b> <b>Office: 770-787-1375</b> <b>Fax: 770-786-4536</b>	Tested by: (Signature)		Phone
	Tested by: ( Print Signature)		Phone
	Repaired by: ( Signature)		Phone
	Final Test by: ( Signature)		Phone
	Training Certification No.		Certification Expiration Date: