



Rockdale Water Resources
Backflow - Prevention
Test and Maintenance Report
 "A community environmental health protection program"
All forms must be typed



ACCOUNT NAME				
MAILING ADDRESS				
SERVICE ADDRESS				
LOCATION OF DEVICE				METER NO.
DEVICE	MANUFACTURER	MODEL	SIZE	SERIAL NO.
DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	LINE PRESSURE AT TIME OF TEST	INSTALLATION DATE
CHECK VALVE NO. 1		CHECK VALVE NO. 2		DIFFERENTIAL PRESSURE RELIEF VALVE
<input type="checkbox"/> ----- Leaked <input type="checkbox"/> ----- Closed Tight Held at -----		<input type="checkbox"/> ----- Leaked <input type="checkbox"/> ----- Closed Tight Held at -----		Opened at _____ Lbs. reduced pressure. <input type="checkbox"/> ----- Did not open
<input type="checkbox"/> ----- Cleaned <input type="checkbox"/> ----- Repaired <input type="checkbox"/> ---- Rub Kit <input type="checkbox"/> ---- Spring <input type="checkbox"/> ---- Seal <input type="checkbox"/> ---- Guide <input type="checkbox"/> ---- Disc <input type="checkbox"/> ---- O-ring Final test closed tight at _____		REPAIRS <input type="checkbox"/> ----- Cleaned <input type="checkbox"/> ----- Repaired <input type="checkbox"/> ---- Rub Kit <input type="checkbox"/> ---- Spring <input type="checkbox"/> ---- Seal <input type="checkbox"/> ---- Guide <input type="checkbox"/> ---- Disc <input type="checkbox"/> ---- O-ring Final test closed tight at _____		<input type="checkbox"/> ----- Cleaned <input type="checkbox"/> ----- Repaired <input type="checkbox"/> ---- Rub Kit <input type="checkbox"/> ---- Spring <input type="checkbox"/> ---- Disc <input type="checkbox"/> ---- Spacer Opened at _____ Lbs. reduced pressure.

Device Passed

Device Failed

Remarks:

WITHIN 15 DAYS OF TEST DATE RETURN REPORT TO: Rockdale Water Resources Backflow Prevention Coordinator 1329 Portman Dr. Suite H Conyers, Georgia 30094 770-278-7414	<p align="center">THE ABOVE TEST REPORT IS CERTIFIED TO BE TRUE</p> TESTED BY: REPAIRED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>CERTIFICATION NO:</td> <td>EXPIRATION DATE</td> </tr> <tr> <td>TEST KIT SERIAL NO.</td> <td>CALIBRATION DATE</td> </tr> </table>	CERTIFICATION NO:	EXPIRATION DATE	TEST KIT SERIAL NO.	CALIBRATION DATE
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