



**DADE COUNTY WATER AUTHORITY
BACKFLOW PREVENTION PROGRAM**

P.O. BOX 1047
TRENTON, GA 30752



ASSEMBLY TEST DATA AND MAINTENANCE REPORT

ACCOUNT NAME:		CONTACT PERSON:		PHONE #:	
MAILING ADDRESS:				METER READING:	
SERVICE ADDRESS:				METER NO.:	
LOCATION OF ASSEMBLY:				INSTALLATION DATE:	
TYPE OF ASSEMBLY	MANUFACTURER:	MODEL NO.:	SIZE:	SERIAL NO.:	
DATE:	TIME:	TEST: <input type="checkbox"/> INITIAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER-LIST			
SERVICE TYPE: <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> COMBINATION <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER		LINE PRESSURE AT TIME OF TEST: PSI	PRESSURE DROP ACROSS FIRST CHECK VALVE: PSID		
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER	
INITIAL TEST	LEAKED <input type="checkbox"/> CLOSED AT ____ PSID	LEAKED <input type="checkbox"/> CLOSED AT ____ PSID	OPENED AT ____ PSID DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT ____ PSID DID NOT OPEN <input type="checkbox"/>	
REPAIRS	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CLEANED <input type="checkbox"/>	CHECK VALVE LEAKED <input type="checkbox"/>	
	REPLACED DISC <input type="checkbox"/>	REPLACED DISC <input type="checkbox"/>	REPLACED DISC <input type="checkbox"/>	CLOSED AT ____ PSID	
	SPRING <input type="checkbox"/>	SPRING <input type="checkbox"/>	UPPER <input type="checkbox"/>	CLEANED <input type="checkbox"/>	
	GUIDE <input type="checkbox"/>	GUIDE <input type="checkbox"/>	LOWER <input type="checkbox"/>	REPLACED <input type="checkbox"/>	
	PIN RETAINER <input type="checkbox"/>	PIN RETAINER <input type="checkbox"/>	SPRING <input type="checkbox"/>	CV ASSEMBLY <input type="checkbox"/>	
	HINGE PIN <input type="checkbox"/>	HINGE PIN <input type="checkbox"/>	DIAPHRAM, LARGE <input type="checkbox"/>	DISC AIR INLET <input type="checkbox"/>	
	SEAL <input type="checkbox"/>	SEAL <input type="checkbox"/>	UPPER <input type="checkbox"/>	DISC CV <input type="checkbox"/>	
	DIAPHRAM <input type="checkbox"/>	DIAPHRAM <input type="checkbox"/>	LOWER <input type="checkbox"/>	SPRING <input type="checkbox"/>	
	"O" RINGS <input type="checkbox"/>	"O" RINGS <input type="checkbox"/>	DIAPHRAM, SMALL <input type="checkbox"/>	RETAINER <input type="checkbox"/>	
	COMPLETE REPAIR KIT <input type="checkbox"/>	COMPLETE REPAIR KIT <input type="checkbox"/>	UPPER <input type="checkbox"/>	GUIDE <input type="checkbox"/>	
OTHER, DESCRIBE <input type="checkbox"/>	OTHER, DESCRIBE <input type="checkbox"/>	LOWER <input type="checkbox"/>	"O" RINGS <input type="checkbox"/>		
		"O" RINGS <input type="checkbox"/>	COMPLETE REPAIR KIT <input type="checkbox"/>		
		COMPLETE REPAIR KIT <input type="checkbox"/>	OTHER <input type="checkbox"/>		
		OTHER <input type="checkbox"/>			
FINAL TEST	LEAKED <input type="checkbox"/> CLOSED AT ____ PSID	LEAKED <input type="checkbox"/> CLOSED AT ____ PSID	OPENED AT ____ PSID DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT ____ PSID DID NOT OPEN <input type="checkbox"/>	
BFP KIT BRAND	KIT MODEL NO.:	KIT SERIAL NO.:	CALIBRATION:	DATE CALIBRATED:	COMPANY:
REMARKS:					
I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION, TEST, AND/OR MAINTENANCE OF THIS ASSEMBLY.					
RETURN REPORT TO:		THE BACKFLOW ASSEMBLY HAS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED			
DADE COUNTY WATER AUTHORITY BACKFLOW PREVENTION PROGRAM P.O. BOX 1047 TRENTON, GA 30752 706-657-4341		TESTED BY:		TESTED BY: (PRINT)	
		REPAIRED BY: (SIGNATURE)		REPAIRED BY: (PRINT)	
		FINAL TEST BY: (SIGNATURE)		FINAL TEST BY: (NAME AND FIRM)	
		TRAINING CERTIFICATE NO.:		CERTIFICATE EXPIRATION DATE:	