



CITY OF COVINGTON
ENVIRONMENTAL COMPLIANCE DIVISION
BACKFLOW - PREVENTION
 "a community environmental/health protection program"
ASSEMBLY TEST DATA and MAINTENANCE REPORT

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
----- Leaked ----- Closed Tight Held at _____		----- Leaked ----- Closed Tight Held at _____		Opened at _____ lbs. reduced pressure. -----Did not open

Repairs

<input type="checkbox"/> -----Cleaned <input type="checkbox"/> -----Repaired <input type="checkbox"/> -----Replaced	<input type="checkbox"/> -----Cleaned <input type="checkbox"/> -----Repaired <input type="checkbox"/> -----Replaced	<input type="checkbox"/> -----Cleaned <input type="checkbox"/> -----Repaired <input type="checkbox"/> -----Replaced
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Final test closed tight at _____	Final test closed tight at _____	Opened at _____ Lbs. reduced pressure
<small>BFP TEST KIT MANUFACTURER</small>	<small>KIT MODEL NO.</small>	<small>KIT SERIAL NUMBER</small>
<small>KIT CALIBRATION</small>	<small>DATE</small>	<small>COMPANY</small>
<small>REMARKS:</small>		

City of Covington
 Environmental Compliance Division
 Backflow - Prevention Unit
 P.O. Box 1527
 Covington, GA 30015
 Office: 770-385-2085

THE ABOVE TEST REPORT IS CERTIFIED TO BE TRUE.	
TESTED BY: _____	
REPAIRED BY: _____	PHONE #: _____
FINAL TEST BY: _____	
CERTIFICATION NO. _____	EXPIRATION DATE: _____

Signature of Tester: _____