

**CITY OF COVINGTON
 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.: |
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| | |
|-----------------------|--------------------|
| LOCATION OF ASSEMBLY: | INSTALLATION DATE: |
|-----------------------|--------------------|

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|-------------------|---------------|--------|-------|-------------|
| TYPE OF ASSEMBLY: | MANUFACTURER: | MODEL: | SIZE: | SERIAL NO.: |
|-------------------|---------------|--------|-------|-------------|

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|-------|---------------------|----------------------|----------|--------------|---------|---------------------------------------|
| DATE: | TIME: AM PM | TEST: (CHECK ONE) | INITIAL: | SEMI ANNUAL: | ANNUAL: | OTHER - LIST (I.E. REPAIR RE-TEST) |
|-------|---------------------|----------------------|----------|--------------|---------|---------------------------------------|

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|------|-------|--------|---------|--------|--|---|
| DOM: | FIRE: | COMBO: | IRRIG.: | OTHER: | LINE PRESSURE AT 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 <input type="checkbox"/> | 1. Leaked <input type="checkbox"/> | 1. Opened at _____ P.S.I.D. <input type="checkbox"/> | 1. Air Inlet Opened at _____ P.S.I.D. <input type="checkbox"/> |
| | 2. Closed at _____ P.S.I.D. <input type="checkbox"/> | 2. Closed at _____ P.S.I.D. <input type="checkbox"/> | 2. Did Not Open <input type="checkbox"/> | 2. Did Not Open at _____ Passed <input type="checkbox"/> Failed <input type="checkbox"/> |
| R E P A I R S | Cleaned <input type="checkbox"/> | Cleaned <input type="checkbox"/> | Cleaned <input type="checkbox"/> | Check Valve: Leaked _____ P.S.I.D. <input type="checkbox"/> |
| | Replaced: | Replaced: | Replaced: | Closed at _____ P.S.I.D. <input type="checkbox"/> |
| | Disc <input type="checkbox"/> | Disc <input type="checkbox"/> | Disc <input type="checkbox"/> | Cleaned <input type="checkbox"/> |
| | Spring <input type="checkbox"/> | Spring <input type="checkbox"/> | Upper <input type="checkbox"/> | Replaced: |
| | Guide <input type="checkbox"/> | Guide <input type="checkbox"/> | Lower <input type="checkbox"/> | C.V. Assembly <input type="checkbox"/> |
| | Pin Retainer <input type="checkbox"/> | Pin Retainer <input type="checkbox"/> | Spring <input type="checkbox"/> | Disc Air Inlet <input type="checkbox"/> |
| | Hinge Pin <input type="checkbox"/> | Hinge Pin <input type="checkbox"/> | Diaphragm, Large <input type="checkbox"/> | Disc C.V. <input type="checkbox"/> |
| | Seal <input type="checkbox"/> | Seal <input type="checkbox"/> | Upper <input type="checkbox"/> | Spring <input type="checkbox"/> |
| | Diaphragm <input type="checkbox"/> | Diaphragm <input type="checkbox"/> | Lower <input type="checkbox"/> | Retainer <input type="checkbox"/> |
| | "O" Rings <input type="checkbox"/> | "O" Rings <input type="checkbox"/> | Diaphragm, Small <input type="checkbox"/> | Guide <input type="checkbox"/> |
| Complete Repair Kit ... <input type="checkbox"/> | Complete Repair Kit ... <input type="checkbox"/> | Upper <input type="checkbox"/> | "O" Rings <input type="checkbox"/> | |
| Other, Describe <input type="checkbox"/> | Other, Describe <input type="checkbox"/> | Lower <input type="checkbox"/> | Other, Describe <input type="checkbox"/> | |
| | Closed at _____ P.S.I.D. <input type="checkbox"/> | Closed at _____ P.S.I.D. <input type="checkbox"/> | Opened at _____ P.S.I.D. | Passed <input type="checkbox"/> |
| FINAL TEST | Pressure Drop Across Check Valve No. 1 _____ P.S.I.D. <input type="checkbox"/> | | | Failed <input type="checkbox"/> |

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|---------------------------|---------------|-------------------|-----------------|------|---------|
| BFP TEST KIT MANUFACTURER | KIT MODEL NO. | KIT SERIAL NUMBER | KIT CALIBRATION | DATE | COMPANY |
|---------------------------|---------------|-------------------|-----------------|------|---------|

REMARKS:

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| Detector Meter Reading | |
|------------------------|--|

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE (TRUE) AND REFLECTS THE PROPER OPERATION, TEST, AND/OR MAINTENANCE OF THIS ASSEMBLY

RETURN REPORT TO:
**City of Covington
 Environmental Compliance Division
 Back Flow - Prevention Unit
 P.O. Box 1527
 Covington, GA 30015
 Office 770-385-2085
 Fax 770-385-2109**

| | |
|------------------------------|--------------------------------|
| TESTED BY: (SIGNATURE) | |
| TESTED BY: (PRINT SIGNATURE) | Add Phone Number |
| REPAIRED BY: (SIGNATURE) | |
| FINAL TEST BY: (SIGNATURE) | |
| TRAINING CERTIFICATION NO.: | CERTIFICATION EXPIRATION DATE: |