



# City Of Valdosta Utilities Department

Office:(229) 259-3592 Fax:(229) 241-8285



## "Cross Connection Control Program" ASSEMBLY TEST DATA and MAINTENANCE REPORT

ACCOUNT NAME:			ACCOUNT NO.:		FILE NO.:
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	
	<b>CHECK VALVE NO. 1</b>	<b>CHECK VALVE NO. 2</b>	<b>DIFFERENTIAL PRESSURE RELIEF VALVE</b>	<b>PRESSURE VACUUM BREAKER</b>	
<b>INITIAL TEST</b>	Leaked <input type="checkbox"/> Closed Tight _____ PSID <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight _____ PSID <input type="checkbox"/>	1. Opened at _____ PSID <input type="checkbox"/> 2. Did not open <input type="checkbox"/>	1. Air inlet opened at _____ PSID <input type="checkbox"/> 2. Did not open <input type="checkbox"/>	
<b>REPAIRS</b>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm, Large <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Diaphragm, Small <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer, Lower <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>	Check Valve Leaked <input type="checkbox"/> Closed at _____ PSID <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc Air Inlet <input type="checkbox"/> Disc CV <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>	
<b>FINAL TEST</b>	Leaked <input type="checkbox"/> Closed Tight _____ PSID <input type="checkbox"/>	Leaked <input type="checkbox"/> Closed Tight _____ PSID <input type="checkbox"/>	1. Opened at _____ PSID <input type="checkbox"/> 2. Did not open <input type="checkbox"/>	1. Air inlet opened at _____ PSID <input type="checkbox"/> 2. Did not open <input type="checkbox"/>	
BFP TEST KIT MANUFACTURER:		KIT MODEL NO.:	KIT SERIAL NO.:	KIT CALIBRATION:	DATE CALIBRATED:
COMPANY:					
REMARKS:					
I HEREBY CERTIFY THAT THIS DATA IS ACCURATE (TRUE) AND REFLECTS THE PROPER OPERATION, TEST, AND/OR MAINTENANCE OF THIS ASSEMBLY.					
RETURN REPORT TO:		THIS BACKFLOW ASSEMBLY HAS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED    TESTING.			
<b>City Of Valdosta Utilities Department Post Office Box 1125 Valdosta, GA 31603 Phone: 229-259-3592 Fax: 229-241-8285 Attn: Ronnie Lancaster</b>		TESTED BY: (SIGNATURE)		TESTED BY: (NAME AND FIRM) Print	
		REPAIRED BY: (SIGNATURE)		REPAIRED BY: (NAME AND FIRM) Print	
		FINAL TEST BY: (SIGNATURE)		FINAL TEST BY: (NAME AND FIRM) Print	
		TRAINING CERTIFICATE NO.:		CERTIFICATE EXPIRATION DATE:	