



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:		
DATE:		TIME:		TEST:		SERIAL NO.:		
				<input type="checkbox"/> INITIAL <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER - LIST				
SERVICE TYPE:				LINE PRESSURE AT TIME OF TEST:		PRESSURE DROP ACROSS FIRST CHECK VALVE		
<input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> COMBINATION <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER				PSI		PSID		
	CHECK VALVE NO. 1		CHECK VALVE NO. 2		DIFFERENTIAL PRESSURE RELIEF VALVE		PRESSURE VACUUM BREAKER	
INITIAL TEST	Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		1. Opened at _____ PSID <input type="checkbox"/>		1. Air inlet opened at _____ PSID <input type="checkbox"/>	
	Closed Tight _____ PSID <input type="checkbox"/>		Closed Tight _____ PSID <input type="checkbox"/>		2. Did not open <input type="checkbox"/>		2. 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 <input type="checkbox"/>		Replaced <input type="checkbox"/>		Replaced <input type="checkbox"/>		Closed at _____ PSID <input type="checkbox"/>	
	Disc <input type="checkbox"/>		Disc <input type="checkbox"/>		Disc <input type="checkbox"/>			
	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"/>		Diaphragm, Large <input type="checkbox"/>		CV Assembly <input type="checkbox"/>	
	Hinge Pin <input type="checkbox"/>		Hinge Pin <input type="checkbox"/>		Spring <input type="checkbox"/>		Disc Air Inlet <input type="checkbox"/>	
	Seal <input type="checkbox"/>		Seal <input type="checkbox"/>		Diaphragm, Small <input type="checkbox"/>		Disc CV <input type="checkbox"/>	
	Diaphragm <input type="checkbox"/>		Diaphragm <input type="checkbox"/>		Upper <input type="checkbox"/>		Spring <input type="checkbox"/>	
	"O" Rings <input type="checkbox"/>		"O" Rings <input type="checkbox"/>		Lower <input type="checkbox"/>		Retainer <input type="checkbox"/>	
Complete Repair Kit <input type="checkbox"/>		Complete Repair Kit <input type="checkbox"/>		Spacer, Lower <input type="checkbox"/>		Guide <input type="checkbox"/>		
Other, Describe <input type="checkbox"/>		Other, Describe <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, Describe <input type="checkbox"/>		Other, Describe <input type="checkbox"/>		
FINAL TEST	Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>		1. Opened at _____ PSID <input type="checkbox"/>		1. Air inlet opened at _____ PSID <input type="checkbox"/>	
	Closed Tight _____ PSID <input type="checkbox"/>		Closed Tight _____ PSID <input type="checkbox"/>		2. Did not open <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.						
City Of Valdosta Utilities Department Post Office Box 1125 Valdosta, GA 31603 Phone: 229-259-3592 Fax: 229-241-8285 Attn: Ronnie Lancaster		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:		