

CITY OF WINDER

City of Winder Cross-connection Program

P.O. Box 566

Winder GA. 30680

Phone: 770-867-7978

Fax: 678-403-0441

Pass	
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Fail	
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Backflow – Prevention

*“a community – environmental
health protection program”*

DEVICE TEST DATA and MAINTENANCE REPORT

Account Name	Account No.	File No.
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Mailing Address

Service Address	Meter No.
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Location of device	Install Date
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Device	Manufacturer	Model No.	Size	Serial No.
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Date	Time	Line Pressure At Time of Test	Pressure Drop Across First Check Valve
		lbs.	lbs.
	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE
INITIAL TEST	1. Leaks..... <input type="checkbox"/> 2. Closed Tight..... <input type="checkbox"/>	1. Leaks..... <input type="checkbox"/> 2. Closed Tight..... <input type="checkbox"/>	Opened at _____ lbs. Did not open..... <input type="checkbox"/>
R E P A I R S	Cleaned <input type="checkbox"/> Replaced: 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"/> Other, describe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: 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"/> Other, describe <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Disc, Upper <input type="checkbox"/> Disc, Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm, large Upper <input type="checkbox"/> Lower <input type="checkbox"/> Diaphragm, small Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer lower <input type="checkbox"/> Other, describe <input type="checkbox"/>
	Closed at _____ psi	Closed at _____ psi	
Final Test	Closed tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Open at _____ lbs Reduced pressure.

Remarks:

Return Report To: City of Winder / Cross-connection Program P.O. Box 566 Winder, GA. 30680 CITY COPY _____ CUSTOMER COPY _____

Tested by:	
Repaired by:	
Final test by:	
Certification No.	Date