



# Public Works Department City of Baldwin

PO Box 247  
201 Industrial Park Road, Baldwin, GA 30511

## BACKFLOW TEST & MAINTENANCE FORM

NAME OF PREMISE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

LOCATION OF DEVICE: \_\_\_\_\_

SERVICE: \_\_\_\_\_ POTABLE \_\_\_\_\_ FIRE \_\_\_\_\_ IRRIGATION \_\_\_\_\_ OTHER \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_ Size:  RP  DC  
 PVB  LAVB  A/G

PRESSURE DROP ACROSS FIRST CHECK VALVE \_\_\_\_\_ PSI

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER	
INITIAL TEST	1. LEAKED 2. CLOSED TIGHT <input type="checkbox"/>	1. LEAKED 2. CLOSED TIGHT <input type="checkbox"/>	OPENED AT _____ DID NOT OPEN <input type="checkbox"/>	AIR INLET OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/>	
REPAIRS	CLEANED <input type="checkbox"/> REPLACED: RIBBER PARTS KIT <input type="checkbox"/> C. V. ASSEMBLY <input type="checkbox"/> OR DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCK NUTS <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: RIBBER PARTS KIT <input type="checkbox"/> C. V. ASSEMBLY <input type="checkbox"/> OR DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCK NUTS <input type="checkbox"/> OTHER <input type="checkbox"/>	CLEANED <input type="checkbox"/> REPLACED: RIBBER PARTS KIT <input type="checkbox"/> C. V. ASSEMBLY <input type="checkbox"/> OR DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCK NUTS <input type="checkbox"/> OTHER <input type="checkbox"/>	CHECK VALVE: _____ PSI LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED: C. V. ASSEMBLY <input type="checkbox"/> DISC. AIR INLET <input type="checkbox"/> DISC. C. V. <input type="checkbox"/> SPRING <input type="checkbox"/> RETAINER <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RING <input type="checkbox"/> OTHER <input type="checkbox"/>	
	FINAL TEST	CLOSED TIGHT <input type="checkbox"/>	CLOSED TIGHT <input type="checkbox"/>	OPEN AT _____ LBS REDUCED PRESSURE	SATISFACTORY <input type="checkbox"/>

NOTE: ALL REPAIRS/REPLACEMENT SHALL BE COMPLETED WITHIN TEN (10) DAYS.

REMARKS:

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE UNIT.

CERTIFIED TESTING COMPANY: \_\_\_\_\_

INITIAL TEST BY: \_\_\_\_\_ CERTIFIED TESTER NO. \_\_\_\_\_ DATE: \_\_\_\_\_

REPAIRED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ CERTIFIED TESTER NO. \_\_\_\_\_ DATE: \_\_\_\_\_