

415 Highway 53 E. Suite 100
Dawsonville, Georgia 30534



(706) 265-3256
Fax (706) 265-4214
www.dawsonville-ga.gov

BACKFLOW PREVENTION TEST DATA FORM

Account Name: _____		TYPE of SERVICE: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire		<input type="checkbox"/> NEW INSTALLATION	
Account Number: _____		Other: <input type="checkbox"/> Irrigation <input type="checkbox"/> Pool		<input type="checkbox"/> EXISTING	
		<input type="checkbox"/> Isolation <input type="checkbox"/> Fire Bypass			
Name of Business _____					
SERVICE ADDRESS _____				METER NO. _____	
				SERIAL NO. _____	
				INSTALLATION DATE _____	
DEVICE TYPE	MANUFACTURER	MODEL	SIZE	SERIAL NO	
DATE	TIME	LINE PRESSURE AT TIME OF TEST	PRESSURE DROP ACROSS FIRST VALVE CHECK		
	CHECK VALVE NO. 1	CHECK VALVE NO. 2	DIFFERENTIAL PRESSURE RELIEF VALVE		
INITIAL TEST	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight at _____PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight at _____PSID	<input type="checkbox"/> Opened at _____Lbs. reduced <input type="checkbox"/> Pressure did not open		
REPAIRS	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced		
FINAL TEST	Closed tight at _____PSID	Closed tight at _____PSID	Opened at _____lbs. reduced pressure		
Passed _____		Failed _____			

RETURN REPORT TO:
City of Dawsonville
Attn: Beth Tuttle
415 Hwy 53 E, Suite 100
Dawsonville, GA 30534
beth.tuttle@dawsonville-ga.gov

Meter numbers and/or other pertinent information must be submitted with test report. Reports missing information will be returned.
Annual testing is required. Your next test date is _____

THE ABOVE REPORT IS CERTIFIED TO BE TRUE	
Print Company Name: _____	
Print Tested By: _____	
Signature: _____	
Test Kit Model No: _____	Kit Serial No: _____
Test Kit Manufacturer: _____	Kit Calibration Date: _____
Training Certificate Number and Expiration Date: _____	