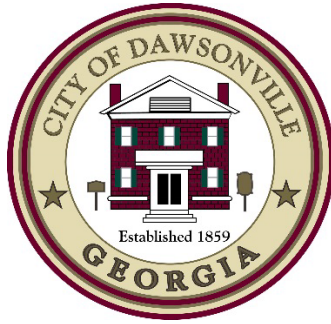


415 Highway 53 E. Suite 100
Dawsonville, Georgia 30534



(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	
Name of Business					
SERVICE ADDRESS				METER NO.	
LOCATION OF DEVICE				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
415 Hwy 53 E, Suite 100
Dawsonville, GA 30534
water@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: _____