COBB COUNTY WATER SYSTEM
BACKFLOW PROGRAM
680 SOUTH COBB DRIVE MARIETTA, GA. 30060

* Required

"a community environmental/health protection program"

ASSEMBLY TEST DATA and MAINTENANCE REPORT

ACCOUNT NAME:	***CONTACT PERSON:**	*Phone #:
***FULL MAILING ADDRESS (street address, City, State and Zip code):**		METER READING:
***FULL SERVICE ADDRESS (street addres, City, State and Zip code):**		METER NO.:
***LOCATION OF ASSEMBLY:**		INSTALLATION DATE:

***TYPE OF ASSEMBLY:**	***MANUFACTURER:**	***MODEL NO.:**	***SIZE:**	*SERIAL NO.:

DATE:	TIME:	TEST: ☐ INITIAL ☐ SEMI-ANNUAL ☐ ANNUAL ☐ OTHER - LIST

SERVICE TYPE: ☐ DOMESTIC ☐ FIRE ☐ COMBINATION ☐ IRRIGATION ☐ OTHER	LINE PRESSURE AT TIME OF TEST: ____ PSI	PRESSURE DROP ACROSS FIRST CHECK VALVE ____ PSID

	***CHECK VALVE NO. 1**	***CHECK VALVE NO. 2**	**DIFFERENTIAL PRESSURE RELIEF VALVE**	**PRESSURE VACUUM BREAKER**
INITIAL TEST	1. Leaked ☐ 2. Closed at ____ PSID ☐	1. Leaked ☐ 2. Closed at ____ PSID ☐	***1.Opened at** ____ PSID ☐ 2. Did not open ☐	1. Air inlet opened at ____ PSID ☐ 2. Did not open ☐
REPAIRS	Cleaned ☐ Replaced ☐ Disc ☐ Spring ☐ Guide ☐ Pin Retainer ☐ Hinge Pin ☐ Seal ☐ Diaphragm ☐ "O" Rings ☐ Complete Repair Kit ☐ Other, Describe ☐	Cleaned ☐ Replaced ☐ Disc ☐ Spring ☐ Guide ☐ Pin Retainer ☐ Hinge Pin ☐ Seal ☐ Diaphragm ☐ "O" Rings ☐ Complete Repair Kit ☐ Other, Describe ☐	Cleaned ☐ Replaced ☐ Disc Upper ☐ Lower ☐ Spring ☐ Diaphragm, Large Upper ☐ Lower ☐ Diaphragm, Small Upper ☐ Lower ☐ Spacer, Lower ☐ "O" Rings ☐ Complete Repair Kit ☐ Other, (Describe in Remarks) ☐	Check Valve ☐ Leaked Closed at ____ PSID ☐ Cleaned ☐ Replaced ☐ CV Assembly ☐ Disc Air Inlet ☐ Disc CV ☐ Spring ☐ Retainer ☐ Guide ☐ "O" Rings ☐ Complete Repair Kit ☐ Other, Describe ☐
FINAL TEST	1. Leaked ☐ 2. Closed at ____ PSID ☐	1. Leaked ☐ 2. Closed at ____ PSID ☐	1. Opened at ____ PSID ☐ 2. Did not open ☐	1. Air inlet opened at ____ PSID ☐ 2. Did not open ☐

***BFP KIT MANUFACTURER:**	***KIT MODEL NO.:**	***KIT SERIAL NO.:**	**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:	***THE BACKFLOW ASSEMBLY HAS**	
Cobb County Water System Environmental Compliance Division Backflow Prevention Program 680 South Cobb Drive Marietta Ga. 30060-3111 770-419-6429	***TESTED BY: (SIGNATURE)** Help	***TESTED BY: (PRINT)**
	***REPAIRED BY: (SIGNATURE)**	**REPAIRED BY: (NAME)**
	***FINAL TEST BY: (SIGNATURE)**	***FINAL TEST BY: (NAME AND FIRM)**
	TRAINING CERTIFICATE NO.:	CERTIFICATE EXPIRATION DATE:

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