



**Rockdale Water Resources
Backflow – Prevention
Test and Maintenance Report**

*“A community environmental health protection program”
All forms must be typed*



ACCOUNT NAME				
MAILING ADDRESS				
SERVICE ADDRESS				
LOCATION OF DEVICE				METER NO.
DEVICE	MANUFACTURER	MODEL	SIZE	SERIAL NO.
DATE	TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	LINE PRESSURE AT TIME OF TEST		INSTALLATION DATE
CHECK VALVE NO. 1		CHECK VALVE NO. 2		DIFFERENTIAL PRESSURE RELIEF VALVE
<input type="checkbox"/> ----- Leaked <input type="checkbox"/> ----- Closed Tight Held at ----- _____		<input type="checkbox"/> ----- Leaked <input type="checkbox"/> ----- Closed Tight Held at ----- _____ <i>Repairs</i>		Opened at _____ Lbs. reduced pressure. <input type="checkbox"/> ----- Did not open
<input type="checkbox"/> ----- Cleaned		<input type="checkbox"/> ----- Cleaned		<input type="checkbox"/> ----- Cleaned
<input type="checkbox"/> ----- Repaired Final test closed tight at _____		<input type="checkbox"/> ----- Repaired Final test closed tight at _____		<input type="checkbox"/> ----- Repaired Opened at _____ Lbs. reduced pressure.

Device Passed

Device Failed

Remarks:	
WITHIN 15 DAYS OF TEST DATE RETURN REPORT TO: Rockdale Water Resources Backflow Prevention Coordinator 1329 Portman Dr. Suite H Conyers, GA 30094 770-278-7414	THE ABOVE TEST REPORT IS CERTIFIED TO BE TRUE
	TESTED BY:
	REPAIRED BY:
	FINAL TEST BY:
	CERTIFICATION NO.