



# HENRY COUNTY WATER AUTHORITY

100 WESTRIDGE INDUSTRIAL BLVD.

McDONOUGH, GA 30253

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## BACKFLOW PREVENTION ASSEMBLY TEST DATA and MAINTENANCE REPORT

ACCOUNT NAME:				HCWA ACCOUNT NO.: (REQUIRED)				
MAILING ADDRESS:						METER NO.:		
SERVICE ADDRESS:								
LOCATION OF ASSEMBLY:						INSTALLATION DATE:		
TYPE OF ASSEMBLY:		MANUFACTURER:		MODEL NO.:		SIZE:	SERIAL NO.:	
TEST DATE:	TIME:	TEST: <input type="radio"/> INITIAL <input type="radio"/> SEMI-ANNUAL <input type="radio"/> ANNUAL <input type="radio"/> OTHER - LIST						
SERVICE TYPE: <input type="radio"/> DOMESTIC <input type="radio"/> FIRE <input type="radio"/> COMBINATION <input type="radio"/> IRRIGATION <input type="radio"/> OTHER				LINE PRESSURE AT TIME OF TEST: PSID		PRESSURE DROP ACROSS FIRST CHECK VALVE PSID		
	<b>CHECK VALVE NO. 1</b>		<b>CHECK VALVE NO. 2</b>		<b>DIFFERENTIAL PRESSURE RELIEF VALVE</b>		<b>PRESSURE VACUUM BREAKER</b>	
<b>INITIAL TEST</b>	1. Leaked <input type="checkbox"/> 2. Closed at _____ PSID		1. Leaked <input type="checkbox"/> 2. Closed at _____ PSID		1. Opened at _____ PSID 2. Did not open <input type="checkbox"/>		1. Air inlet opened at _____ PSID 2. Did not open <input type="checkbox"/>	
<b>REPAIRS</b>	Cleaned <input type="checkbox"/> Replaced Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>		Cleaned <input type="checkbox"/> Replaced Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>		Cleaned <input type="checkbox"/> Replaced Disc <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm, Large <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Diaphragm, Small <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer, Lower <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>		Check Valve Leaked <input type="checkbox"/> Closed at _____ PSID Cleaned <input type="checkbox"/> Replaced CV Assembly <input type="checkbox"/> Disc Air <input type="checkbox"/> Inlet Disc <input type="checkbox"/> CV Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>	
	Optional test for CV 2 is required on the RP.							
<b>FINAL TEST</b>	1. Closed at _____ PSID Pressure Drop Across Check 2. Valve No. 1 _____ PSID		1. Closed at _____ PSID		1. Closed at _____ PSID		1. Air inlet opened at _____ PSID 2. Did not open <input type="checkbox"/>	
BFP TEST KIT MANUFACTURER:		KIT MODEL NO.:	KIT SERIAL NO.:	KIT 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.								
PLEASE PRINT CLEARLY		THIS BACKFLOW ASSEMBLY HAS <input type="radio"/> PASSED <input type="radio"/> FAILED TESTING.						
		TESTED BY: (SIGNATURE)			TESTED BY: (NAME AND FIRM)			
		REPAIRED BY: (SIGNATURE)			REPAIRED BY: (NAME AND FIRM)			
COMPANY NAME		FINAL TEST BY: (SIGNATURE)			FINAL TEST BY: (NAME AND FIRM)			
		TRAINING CERTIFICATE NO.:			CERTIFICATE EXPIRATION DATE:			
TELEPHONE NUMBER								

**TURN WATER ON !!!!!**