

City of Villa Rica
Backflow Prevention Test Form

TESTERS: Please fill in all lines completely and legibly. 2016 Form

NAME OF CUSTOMER _____

TEST DATE _____

MAILING ADDRESS _____

CONTACT NAME & # _____

LOCATION OF DEVICE: _____

IRRIGATION OR DOMESTIC _____

The backflow prevention assembly detailed below has been tested and maintained as required by the local water authority ordinance and is certified to be operating within acceptable parameters.

DEVICE TYPE (circle): RP DC DC-METER PVB SPVB DCDA RPDA

Manufacturer _____ Size _____

Model Number _____ Serial Number _____

Located At _____ **Meter Reading Numbers:** _____

Is the assembly installed in accordance with manufacturer recommendations and/or local codes? _____

No. 2 Shutoff Valve: CLOSED TIGHT **LEAKED** **Line Pressure @ test**

	Reduced Pressure Principle Assembly			Pressure Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Air Inlet	Check Valve
	1st Check	2nd Check		Opened at ___psid	Held at ___psid
Initial Test	Held at ___psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at ___psid Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Opened at ___psid Did not open <input type="checkbox"/>	Did not Open <input type="checkbox"/>	Leaked <input type="checkbox"/>
Repairs and Materials Used					
Test After Repair	Held at ___psid Closed Tight <input type="checkbox"/>	Held at ___psid Closed Tight <input type="checkbox"/>	Opened at ___psid	Opened at ___psid	Held at ___psid

PASSED **FAILED**

Test gauge used: Make/Model _____ SN _____ Calibration _____

Remarks: _____

The above is certified to be true at the time of testing.

Firm Name _____ Certified Tester: _____

Firm Address: _____ Cert. Tester No: _____ EXP. Date: _____

Firm City, State, Zip: _____ Time _____

Firm Phone # _____

Signature _____

_____ WATER TURNED BACK ON

FAX TO: 678-785-0093

OR MAIL to: City of Villa Rica, ATTN: Backflow Prevention, 106 Temple Street, Villa Rica, GA 30180