



**Coweta County Water and Sewerage Authority**

545 Corinth Road Newnan GA, 30263

770-254-3710

www.cowetawaterauthority.com

*Account Name:		*Contact Person:		*Phone #:
*Mailing Address:				*Meter S/N:
*Service Address:				*Meter Reading:
*Location of Assembly:				Installation Date:
*Assembly Type:	*Manufacture:	*Model NO:	*Size:	*Serial NO:
*Date:	Time:	*Initial: <input type="checkbox"/> Semi-Annual: <input type="checkbox"/> Annual: <input type="checkbox"/> Other: <input type="checkbox"/>		
*Service Type: Domestic: <input type="checkbox"/>	Fire: <input type="checkbox"/> Combination: <input type="checkbox"/>	Irrigation: <input type="checkbox"/> Other: <input type="checkbox"/>	*Line Pressure: PSID	

Double Check DCV	Check Valve NO. 1	Check Valve NO. 2	Before Picture
<b>Initial Test</b>	1. Leaked <input type="checkbox"/> 2. Closed at _____	1. Leaked <input type="checkbox"/> 2. Closed at _____	
<b>Repairs</b>	Cleaned: <input type="checkbox"/> Replaced Check Valve <input type="checkbox"/>	Cleaned: <input type="checkbox"/> Replaced Check Valve <input type="checkbox"/>	
<b>Final Test</b>	1. Leaked <input type="checkbox"/> 2. Closed at _____	1. Leaked <input type="checkbox"/> 2. Closed at _____	

Reduce Pressure Valve RPV	Relief Valve Differential	Check Valve NO. 1	Check Valve NO. 2	The optional test for check valve #2 on the RP is required.
<b>Initial Test</b>	1. Leaked <input type="checkbox"/> 2. Opened at _____	1. Leaked <input type="checkbox"/> 2. Closed at _____	1. Leaked <input type="checkbox"/> 2. Closed at _____	
<b>Repairs</b>	Cleaned: <input type="checkbox"/> Replaced Check Valve <input type="checkbox"/>	Cleaned: <input type="checkbox"/> Replaced Check Valve <input type="checkbox"/>	Cleaned: <input type="checkbox"/> Replaced Check Valve <input type="checkbox"/>	
<b>Final Test</b>	1. Leaked <input type="checkbox"/> 2. Opened at _____	1. Leaked <input type="checkbox"/> 2. Closed at _____	1. Leaked <input type="checkbox"/> 2. Closed at _____	

Pressure & Spill Vacuum Breaker PVB SVB	Air Inlet	Check Valve	After Picture
<b>Initial Test</b>	1. Leaked <input type="checkbox"/> 2. Opened at _____	1. Leaked <input type="checkbox"/> 2. Closed at _____	
<b>Repairs</b>	Cleaned: <input type="checkbox"/> Replaced Check Valve <input type="checkbox"/>	Cleaned: <input type="checkbox"/> Replaced Check Valve <input type="checkbox"/>	
<b>Final Test</b>	1. Leaked <input type="checkbox"/> 2. Opened at _____	1. Leaked <input type="checkbox"/> 2. Closed at _____	

Remarks:

*Test Kit Manufacture:	*Kit Model No:	*Kit Serial Number:	*Date Calibrated:	*Calibrated Company:
------------------------	----------------	---------------------	-------------------	----------------------

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE (TRUE) AND REFLECTS THE PROPER OPERATION, TEST, AND/OR MAINTENANCE OF THIS ASSEMBLY. ALL Repairs must be made within 15 days of failure. THIS BACKFLOW PREVENTION ASSEMBLY PASSED  FAILED  TESTING

*Print Testers Name:	*Testers Signature:	*Certified Backflow Prevention Certification NO:	*Certification Expiration Date:
----------------------	---------------------	--	---------------------------------

*Company Name:	*Phone Number:
----------------	----------------