



# Backflow Preventer Inspection and Field Test Report



<b>PWS ID:</b> 0110026		<b>Water System Name:</b> Banks County Public Utilities		<b>File #</b>	
<b>Facility Name:</b>				<input type="checkbox"/> Non-Residential <input type="checkbox"/> Residential	
<b>Service Address:</b>			<b>City:</b>		<b>Zip:</b>
<b>Contact Person :</b>		<b>Phone :</b>		<b>Email :</b>	
<b>Hazard Type (if known):</b>			<input type="checkbox"/> DCVA <input type="checkbox"/> RPBA <input type="checkbox"/> PVBA <input type="checkbox"/> AG <input type="checkbox"/> Other		
<b>Preventer Physical Location:</b>					
<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Replacement: Old Ser. #				<b>Confined Space</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Assembly Make:</b>		<b>Model:</b>		<b>Serial #:</b>	
<b>Size</b> ”		<b>Proper Orientation</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>USC-Approved</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Proper Install</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Proper Orientation</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>USC-Approved</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Initial Test</b>	<b>DCVA</b>		<b>RPBA</b>		<b>PVBA/SVBA</b>
	<b>Check Valve 1</b> Leaked <input type="checkbox"/> ___ psid		<b>Relief Valve</b> Opened ___ psid/ Not Open <input type="checkbox"/>		<b>Air Inlet Valve</b> Opened at ___ psid Did Not Open <input type="checkbox"/> Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>
Passed <input type="checkbox"/>	<b>Check Valve 2</b> Leaked <input type="checkbox"/> ___ psid		<b>Check Valve 2</b> Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>		<b>Check Valve</b> ___ psid Leaked <input type="checkbox"/>
Failed <input type="checkbox"/>			<b>Check Valve 1</b> ___ psid		
			<b>Approved Air Gap</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Cleaning, Repairs, &amp; Parts</b>	<b>Cleaned</b> <input type="checkbox"/> <b>Repaired</b> <input type="checkbox"/>		<b>Cleaned</b> <input type="checkbox"/> <b>Repaired</b> <input type="checkbox"/>		<b>Cleaned</b> <input type="checkbox"/> <b>Repaired</b> <input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Disc	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Float
	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Spring	<input type="checkbox"/> Module	<input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Diaphragm
	<input type="checkbox"/> Guide	<input type="checkbox"/> Rubber Kit	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Rubber Kit/Guide	<input type="checkbox"/> Check Disc <input type="checkbox"/> Rubber Kit
	<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Seat	<input type="checkbox"/>	<input type="checkbox"/> Check Spring <input type="checkbox"/>
<b>Final Test</b>	<b>Check Valve 1</b> Leaked <input type="checkbox"/> ___ psid		<b>Relief Valve</b> Opened at ___ psid		<b>Air Inlet Valve</b> Opened at ___ psid Opened Fully Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Check Valve 2</b> Leaked <input type="checkbox"/> ___ psid		<b>Check Valve 2</b> Closed Tight <input type="checkbox"/>		<b>Check Valve</b> ___ psid
			<b>Check Valve 1</b> ___ psid		
<b>Air Gap Inspection</b> Pass <input type="checkbox"/> Fail <input type="checkbox"/>			<b>Supply Pipe Diameter:</b> ”		<b>Air Gap Separation:</b> ”
<b>Line Pressure:</b> ___ psi		<b>Detector Meter:</b> ___ Gallons		<b>Service Restored</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Remarks*:</b>					
<b>Test Kit Make &amp; Model:</b>			<b>Serial #:</b>		<b>Ver./Cal Date**</b>
<b>By this signature, I certify:</b>					
1. I personally inspected and field-tested the backflow assembly using field test procedures meeting GA-DNR 391-3-5-13.					
2. The information in this report is true, complete, and accurate.					
<b>BAT Signature (initial test):</b>			<b>Cert. #</b>		<b>Date/Time:</b>
<b>BAT Name (print):</b>			<b>BAT Phone #</b>		
<b>Repaired By:</b>				<b>Date/Time:</b>	
<b>BAT Signature (after repair):</b>			<b>Cert. #</b>		<b>Date/Time:</b>
<b>BAT Name (print):</b>			<b>BAT Phone #</b>		
<b>BAT Company Name:</b>			<b>Address</b>		

\*Note unapproved backflow preventer, missing/defective components, repairs made, or conditions that may adversely affect assembly. **Return Report To: Banks County Utilities - 150 Hudson Ridge Suite 1 Homer, GA 30547**  
 \*\*The date of the most recent field test kit verification of accuracy or calibration whichever is most recent.