



Backflow Preventer Test and Maintenance Report

CARROLL COUNTY WATER AUTHORITY
P.O. Box 739 • Carrollton, Georgia 30112 • 770-832-1277

Form must be completed legibly – unreadable forms will not be accepted

Zone _____

Acct. Name		Acct. No.	
Service Address	City	State	Zip
Mailing Address	City	State	Zip
Contact Person		Phone	

Service Type: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Irrigation <input type="checkbox"/> Other: _____			
BFP Type: <input type="checkbox"/> RPZ <input type="checkbox"/> DC <input type="checkbox"/> PVB <input type="checkbox"/> SVB <input type="checkbox"/> RPDA <input type="checkbox"/> DCDA			
BFP Manuf.	Model	Size	Serial No.
Location of BFP			Protection: <input type="checkbox"/> Containment <input type="checkbox"/> Isolation

Test Type: <input type="checkbox"/> Installation <input type="checkbox"/> Annual <input type="checkbox"/> Repair re-test <input type="checkbox"/> Other: _____	Line Pressure at Time of Test: _____
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	CV1	CV2	Shutoff 1	Shutoff 2
DC	<input type="checkbox"/> Closed tight @ _____ psid <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed tight @ _____ psid <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked
RPZ	<input type="checkbox"/> Closed tight @ _____ psid <input type="checkbox"/> Leaked	Backpressure Test <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked <hr/> Direction of Flow (psi differential required) <input type="checkbox"/> Closed tight @ _____ psid <input type="checkbox"/> Leaked	<input type="checkbox"/> Opened @ _____ psid <input type="checkbox"/> Did not open	<input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked
PVB/ SVB	Air Inlet <input type="checkbox"/> Closed tight @ _____ psid <input type="checkbox"/> Leaked	Check Valve <input type="checkbox"/> Closed tight @ _____ psid <input type="checkbox"/> Leaked	Shutoff 1 <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked	Shutoff 2 <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked
Assembly Results:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail		Internal Components: <input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired (Describe any repairs in "Comments")	

Comments: _____

Test Kit Manuf.:	Model:	Serial No.:	Date Last Accuracy Check:
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Your signature certifies that all information provided on this form is correct and that the test was performed by the tester listed.

Return report within ten (10) business days:

By mail: **Carroll County Water Authority**
 Attn: Backflow Prevention Dept.
 PO Box 739
 Carrollton, GA 30112

By email: **dgriffin@ccwageorgia.com**

Tested by (print):	Tester signature:
Test Date:	Test Time:
BPAT Cert. #:	BPAT Cert. Expiration:
Repaired by (print):	Repair signature:

*** Annual Testing Is Required – Next Test Date Is _____ ***

*All post-repair re-tests must be reported on a separate Test & Maintenance Report form and both forms must be submitted to CCWA.
DCDA & RPDA tests require two individual report forms – one for the main line BFP and a separate one for the bypass BFP.*