



Test Date: _____

City of Dahlonega, Georgia
Test and Maintenance Report
Backflow Prevention Assemblies

Name of Premise: _____

Street Address: _____

Location of Device: _____

Service: Potable: Fire: Irrigation: Other:

Manufacturer: Model: Serial No: Size:
RP DC PVB AVB AG

Pressure Drop Across First Check Valve: _____ PSI

Table with 4 columns: CHECK VALVE #1, CHECK VALVE #2, DIFERENTIAL PRESSURE RELIEF VALVE, PRESSURE VACUUM BREAKER. Rows include INITIAL TEST, REPAIRS, and FINAL TEST.

Note: ALL REPAIRS/REPLACEMENT SHALL BE COMPLETED WITHIN TEN (10) DAYS

REMARKS: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the unit.

Certified Testing Company:

Initial Test By: Certified Tester No. Date:

Repaired By: Date:

Final Test By: Certified Tester No. Date: