**SANDY SPRINGS WATER DISTRICT**

**PHONE: 864-646-7729 FAX: 864-646-6188 EMAIL: erica@sswdistrict.com**

**PO BOX 730, SANDY SPRINGS, SC 29677**

**BACKFLOW DEVICE TEST REPORT FORM**

Account Name/Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: Meter Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Device Name: Model Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Serial Number: Size:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Device Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tested by (PRINT):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Check** | **No. 1** | **Check** | **No. 2** | **Air-Inlet Valve** | **#1 Gate or Ball** | **#2 Gate or Ball** |
|  |  |  |  |  | **or**  **Relief Valve** | **(Circle One)** | **(Circle One)** |
| Test | (Mark | One) | (Mark | One) | Opened at | (Mark One) | (Mark One) |
| Before | Leaked |  | Leaked |  | lbs. | Leaked | Leaked |
| Repairs | Closed Tight |  | Closed Tight |  | Differential | Closed | Closed |
|  |  |  |  |  | Pressure | Tight | Tight |
| Diff Press |  | Diff Press |  |
| Repairs and New Materials |  |  |  |  |  |  |  |
| Test | (Mark | One) | (Mark | One) | Opened at | (Mark One) | (Mark One |
| After | Leaked |  | Leaked |  | lbs. | Leaked | Leaked |
| Repairs | Closed Tight |  | Closed Tight |  | Differential | Closed | Closed |
|  |  |  |  |  | Pressure | Tight | Tight |
| Diff Press |  | Diff Press |  |

Above data certified to be correct.

Tester Signature: Certification Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: Company Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Category: General Limited Inspector Tester\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of Testing: Test Kit Used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_