**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_