DEKALB COUNTY
DEPARTMENT OF WATERSHED MANAGEMENT
4572 MEMORIAL DRIVE DECATUR, GEORGIA 30032
(404) 687-4075
DEKALBBACKFLOW@DEKALBCOUNTYGA.GOV
BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT
(PLEASE PRINT)

Account

Contact Name: _____ Phone # _____
Business Name: _____ Meter #_____ Meter Reading: _____
Mailing Address: _____
Service Address: _____City: _____ST:_____ Zip: _____

Assembly

Assembly Test Results: ☐Pass ☐Fail   Assembly Serial No._____
Make: _____ Model: _____ Size: _____
Type: ☐ RPP   ☐ DC   ☐ DCDA   ☐ DETECTOR CHECK (BYPASS)   PVB   ☐ RPDA
Date Installed: _____ Location on property: _____

☐ New
☐ Existing
Previous Assembly Serial No: _____

Orientation	Use	Protection
☐ Vertical Up	☐ Domestic	☐ Containment
☐ Vertical Down	☐ Fire	☐ Isolation
☐ Horizontal	☐ Irrigation	

Testing & Maintenance

	Initial Test Results		Repairs/Comments	Re-Test Results	
	Tightness	Differential		Tightness	Differential
Check Valve #1 (RPP, DC, Other: _____)	☐ Leak ☐ Tight			☐ Leak ☐ Tight	
Check Valve #2 (RPP, DC)	☐ Leak ☐ Tight			☐ Leak ☐ Tight	
Relief Valve (RPP)					
Buffer (RPP)					
Shutoff Valve #1					
Shutoff Valve #2	☐ Leak ☐ Tight			Re-Test	
Air Inlet Valve	☐ Leak ☐ Tight				
Check Valve	Open at _____PSID			Open at _____PSID	
Line Pressure	Held at _____PSID			Held at _____PSID	

Notification

Alarm Company/Fire Department Notified: _____
Person Notified: _____ Notified By: _____
Turn Off Date/Time: _____ Turn On Date/Time:_____

TestKit

Test Kit Make: _____ Certificate Expiration Date: _____
Serial No. _____ Last Calibration Date: _____

Tester

Tester Name: _____ Telephone No._____
Tester Certification:_____ Certificate Expiration Date: _____
Tester certifies that this assembly has been tested with the above listed procedure and verifies that isolation valves were returned to pre-test orientation. Test Procedure: _____
Signature: _____ DATE:_____

Revision 2/17