



## BACKFLOW PREVENTION TEST DATA FORM

ACCOUNT NAME		TYPE of SERVICE: <input type="checkbox"/> Domestic <input type="checkbox"/> Fire		<input type="checkbox"/> NEW INSTALLATION <input type="checkbox"/> EXISTING	
ACCOUNT NUMBER		Other: <input type="checkbox"/> Irrigation <input type="checkbox"/> Pool			
MAILING ADDRESS					
SERVICE ADDRESS				METER NO.	
LOCATION OF DEVICE				INSTALLATION DATE	
DEVICE	MANUFACTURER	MODEL	SIZE	SERIAL NO	
DATE	TIME	LINE PRESSURE AT TIME OF TEST	PRESSURE DROP ACROSS FIRST VALVE CHECK		
	<b>CHECK VALVE NO. 1</b>	<b>CHECK VALVE NO. 2</b>	<b>DIFFERENTIAL PRESSURE RELIEF VALVE</b>		
<b>INITIAL TEST</b>	Leaked Closed Tight At _____ PSID	Leaked Closed Tight At _____ PSID	Opened at _____ Lbs reduced pressure Did not open		
<b>REPAIRS</b>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired <input type="checkbox"/> Replaced		
<b>FINAL TEST</b>	Closed tight at _____ PSID	Closed tight at _____ PSID	Opened at _____ lbs. reduced pressure		

Passed \_\_\_\_\_                      Failed \_\_\_\_\_

Remarks: \_\_\_\_\_

**RETURN REPORT TO:**

Etowah Water & Sewer Authority  
 Attn: Sophia Dearwent  
 1162 Hwy 53 E  
 Dawsonville, GA 30534  
 706-216-8474 ext 234  
 FAX (706) 216-6170  
 Email [sdearwent@etowahwaterga.gov](mailto:sdearwent@etowahwaterga.gov)

Meter numbers and/or other pertinent information must be submitted with test report. Reports missing information will be returned.

<b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE</b>
PRINT COMPANY NAME: _____
TESTED BY: _____
REPAIRED BY: _____
CERTIFICATION NO: _____ Test Kit Serial No: _____
PRINT TESTER NAME _____
SIGNATURE _____