



HENRY COUNTY WATER AUTHORITY

100 WESTRIDGE INDUSTRIAL BLVD.

McDONOUGH, GA 30253

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ASSEMBLY TEST DATA and MAINTENANCE REPORT

ACCOUNT NAME:					ACCOUNT CONTACT NAME AND NUMBER:				
MAILING ADDRESS:								HCWA ACCOUNT NO:	
SERVICE ADDRESS:								METER NO:	
LOCATION OF ASSEMBLY:								INSTALLATION DATE:	
TYPE OF ASSEMBLY:			MANUFACTURER:		MODEL NO:		SIZE:		SERIAL NO:
TEST DATE:		TIME:	TEST:			#2 VALVE REQUIRED TO BE CLOSED FOR ALL TESTS			
			INITIAL	ANNUAL	OTHER				
SERVICE TYPE:					LINE PRESSURE AT TIME OF TEST:		PRESSURE DROP ACROSS FIRST CHECK VALVE:		
DOMESTIC		FIRE	COMBINATION	IRRIGATION	OTHER	PSID		PSID	
	CHECK VALVE NO. 1		CHECK VALVE NO. 2		DIFFERENTIAL PRESSURE RELIEF VALVE		PRESSURE VACUUM BREAKER		
INITIAL TEST	1. Leaked 2. Closed at _____PSID		1. Leaked 2. Closed at _____PSID		1. Opened at _____PSID 2. Did not open		1. Air inlet opened at _____PSID 2. Did not open		
R e p a i r s	Cleaned Replaced Disc Spring Guide Pin Retainer Hinge Pin Seal Diaphragm "O" Rings Complete Repair Kit Other, Describe		Cleaned Replaced Disc Spring Guide Pin Retainer Hinge Pin Seal Diaphragm "O" Rings Complete Repair Kit Other, Describe		Cleaned Replaced Disc Upper Lower Spring Diaphragm, Large Upper Lower Diaphragm, Small Upper Lower Spacer, Lower "O" Rings Complete Repair Kit Other, Describe		Check Valve Leaked _____PSID Closed at _____PSID Cleaned Replaced CV Assembly Disc Air Inlet Disc CV Spring Retainer Guide "O" Rings Complete Repair Kit Other, Describe		
FINAL TEST	1. Closed at _____PSID Pressure Drop Across Check 2. Valve No. 1 _____PSID		1. Closed at _____PSID		1. Closed at _____PSID		1. Air inlet opened at _____PSID 2. Did not open		
TEST KIT MANUFACTURER:		KIT MODEL NO.:		KIT SERIAL NO.:		DATE CALIBRATED:		CALIBRATED BY:	
REMARKS:									
I HEREBY CERTIFY THAT THIS DATA IS ACCURATE (TRUE) AND REFLECTS THE PROPER OPERATION, TEST, AND/OR MAINTENANCE OF THIS ASSEMBLY.									
PLEASE PRINT CLEARLY		THIS BACKFLOW ASSEMBLY HAS PASSED FAILED TESTING.							
COMPANY NAME		TESTED BY: (SIGNATURE)				TESTED BY: (NAME AND FIRM)			
		REPAIRED BY: (SIGNATURE)				REPAIRED BY: (NAME AND FIRM)			
		FINAL TEST BY: (SIGNATURE)				FINAL TEST BY: (NAME AND FIRM)			
TELEPHONE NUMBER		TRAINING CERTIFICATE NO.:				CERTIFICATE EXPIRATION DATE:			

TURN WATER ON !!!!!