

City of Piperton

BACKFLOW TEST AND MAINTENANCE REPORT

TEST KIT TYPE: _____ TEST KIT SERIAL NO#: _____

NOTE: TEST KIT MUST BE TESTED FOR CALIBRATION EVERY 12 MONTHS

BUSINESS NAME _____

CUSTOMER ADDRESS _____ ZIP _____

MAILING ADDRESS _____ ZIP _____

RESPONSIBLE PERSON _____ PHONE _____

DATE CALIBRATED _____ CALIBRATED BY _____

TYPE OF DEVICE	MODEL #	SERIAL #	SIZE	LOCATION
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<input type="checkbox"/> NEW INSTALL PERMIT NUMBER _____ CHECK VALVE # 1	<input type="checkbox"/> REPLACEMENT <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKING	<input type="checkbox"/> ANNUAL TEST <input type="checkbox"/> SEMI-ANNUAL TEST TEST DATE _____	
DIFF. PRESSURE _____ RELIEF VALVE	OPENED AT _____psi DIFF. PRESSURE	DOUBLE CHECK VALVE ASSEMBLY PRESSURE DROP _____ DIR. OF FLOW _____ ACROSS # 1 CHECK VALVE _____psi	
CHECK VALVE # 2 PRESSURE DROP _____psi <input type="checkbox"/> LEAKING	<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKING	CHECK VALVE # 2 # 2 GATE VALVE	<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKING <input type="checkbox"/> CLOSED TIGHT
# 2 GATE VALVE CHECK VALVE # 2	<input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> LEAKING DIR. OF FLOW _____psi	PRESSURE DROP _____ DIR. OF FLOW _____ ACROSS # 2 CHECK VALVE _____psi	<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED
<input type="checkbox"/> PASSED	<input type="checkbox"/> FAILED		

RP DEVICE SERVES LAWN SPRINKLER YES NO
 WAS DEVICE REPAIRED? YES NO
 IF REPAIRED, BY WHOM? _____
 IF REPLACED, OLD SERIAL # _____

BEGINNING TIME _____ AM _____ PM
 ENDING TIME _____ AM _____ PM
 TOTAL TIME O/S _____ MIN

TO BE COMPLETED BY TESTER: If tests are not performed by a certified tester, results will be considered invalid.
 I hereby certify that the above information is correct.

FIRM OF TESTER	SIGNATURE OF TESTER	PRINT NAME	CERTIFICATE #	PHONE
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CONSUMER—Please complete this portion of form and mail to:

City of Piperton P.O. Box 328 Collierville, TN 38027	Questions: Call 853-4830 x1 or x4 FAX to: (901)-854-8396 Attention: Christi Cannon or Katori Armour Email: ccannon@pipertontn.com or karmour@pipertontn.com
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I hereby certify this device has been in constant use at this location and was not by-passed, made inoperative or removed without authorization during the previous 12 months. All defects found during the operation period or during tests of the device were satisfactorily corrected.

SIGNATURE	PRINT NAME	PHONE NUMBER	DATE
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