



**GWINNETT COUNTY**  
**DEPARTMENT OF WATER RESOURCES**  
**Backflow Prevention**  
*Protecting Water Protecting People*  
**Device Test Data Maintenance Report**



ACCOUNT NAME:		ACCOUNT No.		Containment or Isolation	
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>	Cleaned Repaired Replaced	Cleaned Repaired Replaced	Cleaned Repaired Replaced		
<b>FINAL TEST</b>	Closed tight at _____PSID	Closed tight at _____PSID	Opened at _____lbs. reduced pressure		

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

**RETURN REPORT TO:**

Gwinnett County Department of Water Resources  
 Backflow Prevention Section  
 684 Winder Hwy  
 Lawrenceville, GA 30045  
 (678) 376-4213

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

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