

# Town of Collierville

## Backflow Test & Maintenance Report

Test Kit Type: \_\_\_\_\_ Test Kit Serial # \_\_\_\_\_

Note: Test kit must be tested for calibration every 12 months

Customer Name	_____
Customer Address	_____ Zip _____
Mailing Address	_____ Zip _____
Responsible Person	_____ Phone _____

Date Calibrated \_\_\_\_\_ Calibrated By \_\_\_\_\_

Type of Device \_\_\_\_\_ Model # \_\_\_\_\_ Serial # \_\_\_\_\_ Size \_\_\_\_\_ Location \_\_\_\_\_

<input type="checkbox"/> New Install <input type="checkbox"/> Replacement Permit Number _____ Check Valve #1 <input type="checkbox"/> Close Tight <input type="checkbox"/> Leaking  Diff. Pressure Opened at _____psi Relief Valve Diff. Pressure _____  Check Valve #2 <input type="checkbox"/> Close Tight <input type="checkbox"/> Leaking  Pressure Drop _____psi <input type="checkbox"/> Leaking  #2 Gate Valve <input type="checkbox"/> Close Tight <input type="checkbox"/> Leaking  Check Valve #2 Dir. Of Flow _____psi  Passed <input type="checkbox"/> Failed <input type="checkbox"/>	<input type="checkbox"/> Annual Test <input type="checkbox"/> Semi-Annual Test  <b>TEST DATE</b> _____  <i>Double Check Valve Assembly</i>  Pressure Drop                  Dir. of Flow Across #1 Check Valve _____psi  Check Valve #2 <input type="checkbox"/> Close Tight <input type="checkbox"/> Leaking  #2 Gate Valve <input type="checkbox"/> Close Tight  Pressure Drop                  Dir. of Flow Across #2 Check Valve _____psi  Passed <input type="checkbox"/> Failed <input type="checkbox"/>
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RP Device Serves Lawn Sprinkler     YES     NO    Beginning Time \_\_\_\_\_ AM \_\_\_\_\_ PM  
Was device repaired?     YES     NO    Ending Time \_\_\_\_\_ AM \_\_\_\_\_ PM  
If repaired, by whom? \_\_\_\_\_ Total time O/S \_\_\_\_\_ MIN  
If replaced, old serial# \_\_\_\_\_

**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                  Phone #                  Print Name                  Certificate #                  Signature of Tester

<b>Consumer - Please complete this portion of form and mail to:</b>	<b>Town of Collierville - Public Utilities</b> Cross Connection Representative 500 Keough Road Collierville, TN 38017	<b>Questions:</b> Office - 901-457-2800 Fax - 901-457-2828 <a href="mailto:bdiehl@ci.collierville.tn.us">bdiehl@ci.collierville.tn.us</a>
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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.

\_\_\_\_\_  
Print Name                                  Signature                                  Phone #