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 Customes Address			Zip)
Mailing Address				
Responsible Person				
Date Calibrated	Date Calibrated Calibrated By			
Type of Device	Model #	Serial #	Size	Location
RP I	Device Test			
☐ New Install	Replacement		Annual Test	
Permit Number			Semi-Annual Test	
Check Valve #1	☐ Close Tight			
	Leaking		TEST DATE	
	Opened atpsi Diff. Pressure		Double Check Va	lve Assembly Test
			Pressure Drop	Dir. of Flow
Check Valve #2	☐ Close Tight		Across #1 Check Valve	psi
	☐ Leaking			
Pressure Drop			Check Valve #2	☐ Close Tight
Across #1 Check Valve	psi			☐ Leaking
	Leaking			
	_		#2 Gate Valve	Close Tight
#2 Gate Valve	☐ Close Tight			
	Leaking		Pressure Drop	Dir. of Flow
			Across #2 Check Valve	psi
Check Valve #2	Dir. Of Flowpsi			
Passed 🗌	Failed		Passed [] Failed 🗌
RP Device Serves Lawn Sprinl	kler YES	NOBeginning 1	TimeAN	/IPM
Was device repaired?	☐ YES ☐	NOEnding Tim		
If repaired, by whom? If replaced, old serial#		Total time (O/SMI	N
	TED DV TESTED IS:			
TO BE COMPET	ED BY TESTER: If tests are not performed in HEREBY CERTIFY THAT THE			iered invalid
Firm of Tester	Phone #	Print Name	Certificate #	Signature of Tester
Consumer - Please complete th	is portion of form and mail to:		erville - Public Utilities	Questions:
		Cross Connect 500 Keough R	tion Representative	Office - 901-457-2800 Fax - 901-457-2828
		Collierville, TN		bdiehl@colliervilletn.gov
= = =	n in constant use at this location and w s. All defects found during the operatio			-

Signature

Phone #

Print Name