

Jackson County Water and Sewerage Authority
 Engineering Section
 P.O. Box 869, Jefferson, Georgia 30549,
 706-367-1741 ext. 307, Fax 706-387-2799

Return to: danthony@jcwsa.com

Maintenance Test Form

Please Tag BF After Testing

Customer Information		Acc.#	Loc.#	
Name:				
Address:			Phone No.:	
Service Address:		Assembly location:		
Type: DCDA RPZ	Manufacturer:		Model:	New: Replacement:
Domestic Fire	BF serial #		Size	Old BF serial # being replaced
Irrigation Other				
Test Date:	Time	am pm	Line pressure at time of test Lbs.	Line pressure drop across first check valve: lbs.
Check Valve No. 1		Check Valve No.2		Differential Pressure Relief Valve
Initial Test	1. Leaked	1. Leaked	1. Did not open	
	2. Closed at _____ PSID	2. Closed at _____ PSID	2. Opened at _____ PSID.	
	Passed Failed	Passed Failed	Passed Failed	
Final test Passed	Closed at: _____ PSID	Closed at: _____ PSID	Opened at: _____ lbs.	
Test Kit manufacture	Test Kit Model	Test kit Serial No.	Calibration Date	Calibration Company
Remarks:				
The above report is certified to be true. Please keep tester information up to date with our office!				
Company: _____		Phone Number: _____		
Tested by (print) _____		Testers Certification No.: _____		
Signature: _____		Certification expiration: _____		