BARTLETT TEST AND MAINTENANCE REPORT BARTLETT

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

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

DATE kit CALIBRATED _____ **CALIBRATED BY** _____

BUSINESS NAME _____

CUSTOMER ADDRESS _____ ZIP _____

MAILING ADDRESS _____ ZIP _____

RESPONSIBLE PERSON _____ PHONE _____

TYPE OF DEVICE	MODEL #	SERIAL #	SIZE	LOCATION

NEW INSTALL ☐ REPLACEMENT ☐

PERMIT _____ _____

CHECK VALVE # 1 CLOSED TIGHT ☐ LEAKING ☐

DIFF. PRESSURE RELIEF VALVE OPENED AT _____ psi DIFF. PRESSURE

CHECK VALVE # 2 CLOSED TIGHT ☐ LEAKING ☐

PRESSURE DROP ACROSS # 1 CHECK VALVE _____ psi

2 GATE VALVE CLOSED TIGHT ☐ LEAKING ☐

CHECK VALVE # 2 DIR. OF FLOW _____ psi

PASSED ☐ FAILED ☐

ANNUAL TEST ☐

SEMI-ANNUAL TEST ☐

TEST DATE _____

DOUBLE CHECK VALVE ASSEMBLY

PRESSURE DROP ACROSS # 1 CHECK VALVE DIR. OF FLOW _____ psi

CHECK VALVE # 2 CLOSED TIGHT ☐ LEAKING ☐

2 GATE VALVE CLOSED TIGHT ☐ LEAKING ☐

PRESSURE DROP ACROSS # 2 CHECK VALVE DIR. OF FLOW _____ psi

PASSED ☐ FAILED ☐

RP DEVICE SERVES LAWN SPRINKLER YES ___ NO ___

WAS DEVICE REPAIRED? YES ___ NO ___

IF REPAIRED, BY WHOM? _____

IF REPLACED, OLD SERIAL # _____

REMARKS : _____

BEGINNING TIME _____ ___

ENDING TIME _____ ___

TOTAL TIME O/S _____ MIN

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

FIRM OF TESTER	**NAME OF TESTER (print)**	**CERTIFICATE #**	**PHONE #**

PLEASE MAIL or E-MAIL to backflow@cityofbartlett.org Questions? Call 901-385-6499 Ext. 5208
CITY OF BARTLETT / 3585 ALTRURIA RD. BARTLETT, TN. 38135

I HEREBY CERTIFY THAT THIS DEVICE HAS BEEN IN CONSTANT USE AT THIS LOCATION AND WAS NOT BY-PASSED, MADE PASSED, MADE INOPERATIVE, OR REMOVED WITHOUT AUTHORIZATION DURING THE PREVIOUS 12 MONTHS. ALL DEFECTS FOUND DURING THE OPERATION PERIOD OR DURING TESTS OF DEVICE WERE SATISFACTORILY CORRECTED

X _____

SIGNATURE	TITLE	PHONE#	DATE