



# City of Brentwood

## ANNUAL BACKFLOW TEST REPORT

PHONE: 615-371-0080  
MAILING: P.O. BOX 788  
BRENTWOOD, TN 37024

ID: BF \_\_\_\_\_  
FOR OFFICE USE ONLY

DATE \_\_\_\_\_

### BRENTWOOD WATER SERVICES CROSS CONNECTION CONTROL

Street Address \_\_\_\_\_

Location of Assembly \_\_\_\_\_

Check One:      Irrigation              Fire              Domestic

Type (RP or DC) \_\_\_\_\_ Size \_\_\_\_\_

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_

Serial Number \_\_\_\_\_

Name of Premises \_\_\_\_\_

Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Subdivision \_\_\_\_\_

### REDUCED PRESSURE TEST

#### Relief Valve Opening Point

Opened at \_\_\_\_\_ PSID  
Failed to open

#### Check Valve #2 Backpressure

Closed Tight  
Leaked

#### #1 Check in Direction of Flow

Held at \_\_\_\_\_ PSID  
Leaked

#### #2 Shutoff Valve

Held Tight  
Leaked

#### Drop Across # 2 Check Valve

Closed at \_\_\_\_\_ PSID  
Leaked

### DOUBLE CHECK TEST

#### Check #1 in Direction of Flow

Held at \_\_\_\_\_ PSID  
Leaked and Failed

#### Check #2 Backpressure

Closed Tight  
Leaked

#### #2 Shutoff Valve

Held Tight  
Leaked

#### Drop Across #2 Check Valve

Closed at \_\_\_\_\_ PSID  
Leaked

#### TEST RESULTS— CHECK ONE

PASS

FAIL

UNABLE TO TEST

#### Comments:

#### RETEST

Repaired              Replaced

If assembly replaced, list old assembly  
data:

Manufacturer \_\_\_\_\_

Model \_\_\_\_\_

S/N \_\_\_\_\_

Testing Company Name \_\_\_\_\_

Inspector (Print) \_\_\_\_\_ Phone # \_\_\_\_\_

Inspector TN Certification # \_\_\_\_\_ Expires \_\_\_\_\_

Test Kit Serial # \_\_\_\_\_ Kit Expires \_\_\_\_\_

\* Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Contractor, in response to solicitation for services to be performed has in a good and skillful manner, completed performance in accordance to the guidelines provided by the Tennessee Department of Environment and Conservation, and hereby warrants the complete and conforming performance of services rendered.

ORIGINAL SIGNED COPY TO CITY OF BRENTWOOD