

BACKFLOW PREVENTION TEST AND MAINTENANCE REPORT



Customer: _____

Street Address: _____

Location of Assembly: _____

Type of Assembly: RP DC PVB Size: _____

Manufacturer: _____ Model: _____ Serial No: _____

Relief Valve	Check Valve #1	Check Valve #2	Pressure Vacuum
Opening At: _____ PSID BUFFER _____ PSID DID NOT OPEN <input type="checkbox"/>	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF PRESSURE ACROSS CHECK VALVE _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF PRESSURE ACROSS CHECK VALVE _____ PSID	AIR INLET OPENED AT: _____ PSID DID NOT OPEN -- <input type="checkbox"/> CHECK VALVE <input type="checkbox"/> LEAKED ----- <input type="checkbox"/> HELD AT: _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED RUBBER KIT ----- <input type="checkbox"/> RV ASSEMBLY --- <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED RUBBER KIT ----- <input type="checkbox"/> CV ASSEMBLY ---- <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED RUBBER KIT ----- <input type="checkbox"/> CV ASSEMBLY --- <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED RUBBER KIT ----- <input type="checkbox"/> CV ASSEMBLY --- <input type="checkbox"/>
OPENED AT: _____ PSID BUFFER _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
SHUT OFF VALVE #1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		SHUT OFF VALVE #2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN THIRTY DAYS.

REMARKS: _____

I HEREBY CERTIFY THAT AT THE DATE AND TIME OF THE TEST INDICATED, THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY PER CURRENT INDUSTRY STANDARDS. I ALSO CERIFY THAT THE #1 AND #2 SHUTOFF VALVES HAVE BEEN LEFT IN THE FULLY OPENED POSITION.

INITIAL TEST BY: _____ CERTIFIED TESTER NO.: _____ DATE: _____

REPAIRED BY: _____ CERTIFIED TESTER NO.: _____ DATE: _____

FINAL TEST BY: _____ CERTIFIED TESTER NO.: _____ DATE: _____

DOMESTIC FIRE LAWN IRRIGATION NEW TEST RECERTIFICATION TEST

WATER METER NUMBER: _____ PLUMBING PERMIT NYUMBER: _____

TEST KIT ----- DIFFERENTIAL ELECTRONIC LINE PRESSURE _____

TIME OF DAY _____ AM PM SIGNATURE OF TESTER _____

**RETURN TO: STEVE WALL
 CROSS CONNECTION CONTROL PROGRAM
swall@clevelandcountywater.com**

**CLEVELAND COUNTY WATER
 PO Box 788
 Lawndale NC 28090
 Telephone: (704) 538-9033 Fax: (704) 538-9011**