

# Town of Oriental, North Carolina



## Backflow Test and Maintenance Report

**Customer:** \_\_\_\_\_  
**Street Address:** \_\_\_\_\_  
**LOCATION OF ASSEMBLY:** \_\_\_\_\_  
**TYPE OF ASSEMBLY:** RP  DC  PVB  **SIZE:** \_\_\_\_\_  
**MANUFACTURER:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_  
**SERIAL #:** \_\_\_\_\_

Relief Valve	Check Valve #1	Check Valve #2	Pressure Vacuum Breaker
Opened 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 Check Valve: 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
<b>Shut Off Valve #1</b> <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight		<b>Shut Off Valve #2</b> <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 certify that the #1 and #2 shutoff valves have been left in the fully opened position.*

**Initial Test By:** \_\_\_\_\_ **CERTIFIED TESTER #** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Repaired By:** \_\_\_\_\_ **CERTIFIED TESTER #** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Final Test By:** \_\_\_\_\_ **CERTIFIED TESTER #** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DOMESTIC**  **FIRE**  **LAWN IRRIGATION**  **NEW TEST**  **RECERTIFICATION TEST**

**WATER METER NUMBER:** \_\_\_\_\_ **PLUMBING PERMIT NUMBER:** \_\_\_\_\_

**TEST KIT:** DIFFERENTIAL  ELECTRONIC  **LINE PRESSURE:** \_\_\_\_\_

**TIME OF DAY:** \_\_\_\_\_ **AM**  **PM**  **SIGNATURE OF TESTER:** \_\_\_\_\_