**BACKFLOW TEST REPORT**

CUSTOMER NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF ASSEMBLY: RP  DC  PVB SIZE : \_\_\_\_\_\_\_\_\_\_

DOMESTIC  FIRE  LAWN IRRIGATION  NEW TEST  RECERTIFICATION TEST

MANUFACTURER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ MODEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SERIAL NO : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LINE PRESSURE:\_\_\_\_\_\_PSI

|  |  |  |  |
| --- | --- | --- | --- |
| RELIEF VALVE | CHECK VALVE #1 | CHECK VALVE #2 | PRESSURE VACUUM  BREAKER |
| OPENED AT  . PSID  DID NOT OPEN  . BUFFER | LEAKED  CLOSED TIGHT    DIFF. PRESSURE  ACROSS CHECKVALVE    . PSID | LEAKED  CLOSED TIGHT    DIFF. PRESSURE  ACROSS CHECKVALVE    . PSID | AIR INLET OPENED AT    . PSID  DID NOT OPEN  CHECK VALVE LEAKED  CHECK VALVE HELD AT    . PSID |
| CLEANED ONLY  REPLACED:RUBBER KIT  RV ASSEMBLY | CLEANED ONLY  REPLACED:RUBBER KIT  RV ASSEMBLY | CLEANED ONLY  REPLACED:RUBBER KIT  RV ASSEMBLY | CLEANED ONLY  REPLACED:RUBBER KIT  RV ASSEMBLY |
| OPENED AT  . PSID | CLOSED TIGHT  DIFF.PRESSURE  ACROSS CHECK VALVE    . PSID | CLOSED TIGHT  DIFF. PRESSURE  ACROSS CHECK VALVE    . PSID | AIR INLET OPENED AT    . PSID  CHECK VALVE HELD AT  . PSID |
| INITIAL TEST: SHUT OFF VALVE #1  LEAKED  CLOSED TIGHT | | FINAL TEST: SHUT OFF VALVE #2  LEAKED  CLOSED TIGHT | |

PASS\_\_ FAIL\_\_

**NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN TWENTY ONE DAYS NON-HEALTH HAZARD FOURTEEN DAYS HEALTH HAZARD.**

***REMARKS****:* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY.*

INITIAL TEST BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERTIFIED TESTER NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REPAIRED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CERTIFIED TESTER NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_CERTIFIED TESTER NO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEST KIT SERIAL NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CALIBRATION DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Return to:** **CROSS CONNECTION COORDINATOR PHONE # (252) 296-3406**

**CITY OF WILSON**  **FAX # (252) 296-3402**

**PO BOX 10** **CELL # (252) 205-1845**

**WILSON, NC 27894**