CITY OF WILSON DATE : 4/13/2020 3:28 PM

BACKFLOW INSPECTIONS REPORT

CUSTOMER NAME :

CONTACT NAME :

STREET ADDRESS:

LOCATION OF ASSEMBLY:

TYPE OF ASSEMBLY: RP ☐ DC ☐ PVB☐ SIZE

DOMESTIC ☐ FIRE ☐ LAWN IRRIGATION ☐ NEW TEST ☐ RECERTIFICATION TEST ☐ SPLIT SERVICE DOM/IRR ☐

MANUFACTURER: MODEL: SERIAL NO :

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 ☐ CHECKVALVE LEAKED ☐ CHECKVALVE 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 CHECKVALVE __ . __ PSID	☐ CLOSED TIGHT DIFF. PRESSURE ACROSS CHECKVALVE __ . __ PSID	AIR INLET OPENED AT __ . __ PSID CHECKVALVE HELD AT __ . __ PSID
INITIAL TEST: SHUT OFF VALVE #1 ☐ LEAKED ☐ CLOSED TIGHT		FINAL TEST: SHUT OFF VALVE #2 ☐ LEAKED ☐ CLOSED TIGHT	

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: DATE:

FINAL TEST BY: CERTIFIED TESTER NO.: DATE :

WATER METER NUMBER: PLUMBING PERMIT NUMBER:

TEST KIT: DIFFERENTIAL ☐ ELECTRONIC ☐ LINE PRESSURE PSI

TIME OF DAY 15:28 AM ☐ PM ☐ SIGNATURE OF TESTER

RETURN TO: **Martin Ball**
CROSS CONNECTION CONTROL PROGRAM
City of Wilson
PO.Box 10
Wilson , North Carolina 27893

PHONE # (252) 296-3406
FAX # (252) 296-3402
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