BACKFLOW INSPECTIONS REPORT

BACKFLOW TESTER'S NAME/COMPANY: _____

STREET ADDRESS: _____

****

CUSTOMER NAME: _____

MAILING CONTACT NAME AND ADDRESS: _____

STREET ADDRESS OF ASSEMBLY: _____

PHYSICAL 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 AND OLD ASSEMBLY INFORMATION IF REPLACE:*_____

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: _____ TIME OF DAY _____ AM ☐ PM ☐

REPAIRED BY: _____ DATE: _____

FINAL TEST BY: _____ CERTIFIED TESTER NO.:_____ DATE:_____ TIME OF DAY _____ AM ☐ PM ☐

WATER METER NUMBER: _____ PLUMBING PERMIT NUMBER: _____

TEST KIT: DIFFERENTIAL ☐ ELECTRONIC ☐ LINE PRESSURE _____ PSI

TIME OF DAY: _____ AM ☐ PM ☐ SIGNATURE OF TESTER: _____

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

PHONE # (252) 296-3403
FAX # (252) 296-3402