

City of Belmont

BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT

CUSTOMER: _____

ADDRESS OF PROPERTY: _____

MAILING ADDRESS: _____

METER NUMBER or ERT#: _____ SERVICE NUMBER: _____

TYPE OF SERVICE:	TYPE OF ASSEMBLY:	TYPE OF TEST:
<input type="checkbox"/> DOM.	<input type="checkbox"/> RP	<input type="checkbox"/> CONTAINMENT (AT METER)
<input type="checkbox"/> IRRIG.	<input type="checkbox"/> DC	<input type="checkbox"/> ISOLATION (AT BRANCH)
<input type="checkbox"/> F.L.	<input type="checkbox"/> PVB	
<input type="checkbox"/> COMBINATION (DOM. & F.L.)		

ASSEMBLY INFORMATION

SIZE _____	MANUFACTOR _____	MODEL _____	SERIAL NO. _____
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LOCATION OF ASSEMBLY: _____

LINE PREESURE: _____ PSI (#1 OR #2 TESTCOCK)

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRESSURE VACUUM
<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/> BUFFER _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	AIR INLET OPENED AT _____ PSID DIDN'T OPEN <input type="checkbox"/> CHECK VALVE LEAKED <input type="checkbox"/> HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OR OTHER <input type="checkbox"/> LIST: _____ _____	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OR OTHER <input type="checkbox"/> LIST: _____ _____	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OR OTHER <input type="checkbox"/> LIST: _____ _____	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OR OTHER <input type="checkbox"/> LIST: _____ _____
<input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ARCOSS CHECK VALVE _____ PSID	OPENED AT _____ PSID BUFFER _____ PSI	<input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
SHUT - OFF # 1 LEAKED () HELD TIGHT ()		SHUT - OFF # 2 LEAKED () HELD TIGHT ()	

ASSEMBLY PASSED () OR FAILED ()
REMARKS: _____

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS

TEST KIT: MANUFACTURER: _____ MODEL: _____ SERIAL NO.: _____

I HEREBY CERTIFY THAT THIS COMPLETED BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT ACCURATELY REFLECTS OPERATION AND CONDITIONS OF THE SPECIFIED ASSEMBLY AT THE TIME OF THIS TEST.

TESTER: (SIGNATURE) _____ CERT. NO.: _____

TESTER: (PRINTED NAME) _____ PHONE # _____

DATE OF TEST: _____ TIME: _____

MAIL TO: CITY OF BELMONT ATTN: BACKFLOW PREVENTION
1401 E. CATAWBA STREET
BELMONT, NC 28012

EMAIL TO: RWILLIAMS@CITYOFBELMONT.ORG
CELL NO. 7045129919