CITY OF REIDSVILLE BACKFLOW ASSEMBLY MAINTENANCE TEST FORM

NAME OF CUSTOMER:_____

STREET ADDRESS:_____

LOCATION OF DEVICE:_____

TYPE OF DEVICE: RP ☐ DC ☐ PVB ☐ SIZE:_____ MANUFACTURER:_____

MODEL NUMBER_____SERIAL NUMBER_____METER NUMBER _____

LINE PRESSURE AT TIME OF TEST_____PRESSURE DROP ACROSS FIRST CHECK VALVE_____PSID

TIME OF DAY_____ BUFFER_____PRESSURE DROP ACROSS SECOND CHECK VALVE_____PSID

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
Initial Test	☐ Leaked ☐ Closed Tight	☐ Leaked ☐ Closed Tight	Opened at _____lbs. Reduced Pressure _____Did Not Open	Air Inlet Opened at _____PSI _____Did Not Open
REPAIRS	☐ Cleaned ☐ **Replaced:** ☐ Valves ☐ C.V. Assembly ☐ Seat Disc ☐ O-rings ☐ Springs ☐ Gaskets ☐ Retainer ☐ Stem/Guide ☐ Poppet ☐ Other, Describe	☐ Cleaned ☐ **Replaced:** ☐ Valves ☐ C.V. Assembly ☐ Seat Disc ☐ O-rings ☐ Springs ☐ Gaskets ☐ Retainer ☐ Stem/Guide ☐ Other, Describe	☐ Cleaned ☐ **Replaced:** ☐ R.U. Replaced ☐ Disc. Upper ☐ Disc. Lower ☐ **Diaphragm, Large:** ☐ Upper ☐ Lower ☐ **Diaphragm, Small:** ☐ Upper ☐ Lower ☐ Spacer ☐ O-rings ☐ Washer ☐ Other, Describe	☐ Cleaned ☐ **Replaced:** ☐ Valves ☐ Disc. (Top) ☐ Disc. (Bottom) ☐ Springs ☐ Retainer ☐ Stem ☐ Guide ☐ Poppet ☐ Other, Describe
Final Test	☐ Closed Tight	☐ Closed Tight	Opened at _____lbs. Reduced Pressure	☐ Satisfactory
	#1 Shut off ☐ Leaked ☐ Held Tight	#2 Shut off ☐ Leaked ☐ Held Tight	Assembly ☐ Passed ☐ Failed	Service Type ☐ Domestic ☐ Irrigation ☐ Fire Sprinkler

NOTE: ALL REPAIRS/REPLACEMENTS SHALL BE COMPLETED WITHIN TEN (10) DAYS

REMARKS_____

I HEREBY CERTIFY THAT THIS INFORMATION IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE UNIT:

CERTIFIED TESTING COMPANY_____ TEST KIT: SERIAL #_____

INITIAL TEST BY_____CERTIFIED TESTER #_____DATE_____

REPAIRED BY_____DATE_____

** RETURN A COPY BY FAX: 336-634-1738 EMAIL: PWCompliance@reidsvillenc.gov or MAIL: 1100 Vance St, Reidsville NC 27320