**CITY OF REIDSVILLE BACKFLOW ASSEMBLY MAINTENANCE TEST FORM**

NAME OF CUSTOMER:

STREET ADDRESS:

LOCATION OF DEVICE:

TYPE OF DEVICE: RP  DC  PVB  METER NUMBER: SIZE:

MANUFACTURER: MODEL NUMBER: SERIAL NUMBER:

LINE PRESSURE PRESSURE DROP ACROSS 1ST CHECK VALVE PSID

AT TIME OF DAY BUFFER: PRESSURE DROP ACROSS 2ND 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  lbs.  Did Not Open |
| **R**  **E**  **P**  **A**  **I**  **R**  **S** | **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 REPAIR DATE

\*\* RETURN A COPY BY EMAIL: PWCompliance@reidsvillenc.gov or MAIL: 1100 Vance St, Reidsville NC 27320 \*\*