**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 \*\*