



TOWN OF CLAYTON, NC

Backflow Preventer Test Form

backflow@townofclaytonnc.org

CUSTOMER: _____

STREET ADDRESS _____ CITY: Clayton, NC ZIP CODE: _____

LOCATION OF ASSEMBLY _____ ABOVEGROUND BELOWGROUND

TYPE OF ASSEMBLY: RP DC PVB SVB SIZE _____

MANUFACTURER: _____ MODEL: _____ SERIAL: _____

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER/ SPILL RESISTANT VACUUM BREAKER
OPENED AT _____ PSID BUFFER _____ PSID DID NOT OPEN <input type="checkbox"/>	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	AIR INLET OPEN AT _____ PSID DID NOT OPEN <input type="checkbox"/> CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>
OPENED AT: _____ PSID BUFFER _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
SHUT OFF VALVE #1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		SHUT OFF VALVE #2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN THIRTY DAYS

REMARKS: _____

I HEREBY CERTIFY THAT AT THE DATE AND TIME OF THE TEST INDICATED, THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY PER CURRENT INDUSTRY STANDARDS. I ALSO CERTIFY THAT THE #1 & #2 SHUTOFF VALVES HAVE BEEN LEFT IN THE FULLY OPENED POSITION

INITIAL TEST BY: _____	TESTER CO. _____	DATE: _____
REPAIRED BY: _____	CERT TESTER# _____	DATE: _____
FINAL TEST BY: _____	TESTER CO. _____	DATE: _____
	CERT TESTER# _____	DATE: _____
DOMESTIC <input type="checkbox"/>	FIRE <input type="checkbox"/>	LAWN IRRIGATION <input type="checkbox"/>
		NEW TEST <input type="checkbox"/>
		RECERTIFICATION TEST <input type="checkbox"/>

WATER METER NUMBER: _____ PLUMBING PERMIT NUMBER: _____

TEST KIT DIFFERENTIAL ELECTRONIC LINE PRESSURE _____ PSI

TIME OF DAY _____ AM PM SIGNATURE OF TESTER: _____

TEST KIT MFG./MODEL NO., SERIAL NUMBER & CALIB. DUE DATE _____