



Town of Angier Backflow Test and Maintenance Report

Customer: _____
 Street Address: _____
 Location of Assembly: _____
 Type of Assembly: RP DC PVB Size: _____
 Manufacturer: _____ Model: _____ Serial No: _____

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

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN 30 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 and #2 shutoff valves have been left in the fully open position.

Initial Test By: _____ Certified Tester No. _____ Date: _____
 Repaired By: _____ Certified Tester No. _____ Date: _____
 Final Test By: _____ Certified Tester No. _____ Date: _____
 Domestic Fire Lawn Irrigation New Test Recertification Test
 Water Meter Number: _____ Plumbing Permit No. _____
 Test Kit Differential Electronic Line Pressure _____
 Time of Day: _____ AM PM Signature _____