

**TOWN OF MAYODAN
TOWN OF MAYODAN PUBLIC WORKS DEPARTMENT
BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT**

CUSTOMER: _____

ADDRESS OF PROPERTY: _____

MAILING ADDRESS: _____

METER NUMBER or ERT#: _____ **SERVICE NUMBER:** _____

TYPE OF SERVICE: DOM.
 IRRIG.
 F.L.
 COMBINATION (DOM. & F.L.)

TYPE OF ASSEMBLY: RP
 DC
 PVB

TYPE OF TEST
 Containment (at meter)
 Isolation (at branch)

ASSEMBLY INFORMATION

Size _____ Manufacturer _____ Model _____ Serial No _____

LOCATION OF ASSEMBLY: _____

Line Pressure: _____ PSI (#1 or #2 Testcock)

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRESSURE VACUUM BREAKER
<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/> BUFFER _____ PSI	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	AIR INLET OPENED AT _____ PSID DIDN'T OPEN <input type="checkbox"/> CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OR OTHER <input type="checkbox"/> List _____	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OR OTHER <input type="checkbox"/> List _____	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OR OTHER <input type="checkbox"/> List _____	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OR OTHER <input type="checkbox"/> List _____
<input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	OPENED AT _____ PSID BUFFER _____ PSI	<input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
SHUT - OFF #1 Leaked () Held Tight ()		SHUT-OFF#2 Leaked () Held Tight ()	

Assembly PASSED () OR FAILED ()

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS.

REMARKS: _____

TEST KIT: MANUFACTURER: _____ **MODEL:** _____ **SERIAL NO.:** _____

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY.

TESTER (Signature): _____ **CERT.NO.:** _____

TESTER (Printed Name): _____ **PHONE #:** _____

DATE OF TEST: _____ **TIME:** _____ **Mail to: Town of Mayodan**

Or e-mail to: rpegram@townofmayodan.com

Or fax to: 336-427-7592

**Attn: Backflow Prevention
210 West Main St.
Mayodan, NC 27027**