

| Service Address | | Hazard/CCID: | | Backflow Prevention Assembly Test Report | | | |
|--|--|--|---------------------------------------|---|---|---|-------------------------------------|
| Site Use: Hazard: Mailing Address | | Location: _____ | | | | | |
| | | Meter#: | | Serial #: | Check if Correct | Corrections | |
| | | LID/Service: | | | | <input type="checkbox"/> | _____ |
| | | | | Manufacturer: | | <input type="checkbox"/> | _____ |
| | | | | Model: | | <input type="checkbox"/> | _____ |
| | | | | Type: | | <input type="checkbox"/> | _____ |
| | | | | Size: | | <input type="checkbox"/> | _____ |
| | | | | Orientation: | | <input type="checkbox"/> | _____ |
| | | | | Protection: | | <input type="checkbox"/> | _____ |
| Test Due No Later than: | | Existing <input type="checkbox"/> | Removed <input type="checkbox"/> | Commercial <input type="checkbox"/> | Industrial <input type="checkbox"/> | Residential <input type="checkbox"/> | Municipal <input type="checkbox"/> |
| | | New <input type="checkbox"/> | Replaced <input type="checkbox"/> | | | Domestic <input type="checkbox"/> | Irrigation <input type="checkbox"/> |
| | | | | | | Fire <input type="checkbox"/> | |
| | | Reduced Pressure Principle Assembly | | | PVB/SVB | | |
| | | Double Check Valve Assembly | | | | | |
| | | Check Valve #1 | Check Valve #2 | Relief Valve | Air Inlet | Check Valve | |
| Initial Test | | Leaked <input type="checkbox"/> | Leaked <input type="checkbox"/> | | Did not open <input type="checkbox"/> | | |
| Date _____ | | Closed Tight <input type="checkbox"/> | Closed Tight <input type="checkbox"/> | Did not open <input type="checkbox"/> | Opened Fully Yes <input type="checkbox"/> | Leaked <input type="checkbox"/> | |
| Time _____ | | | | | No <input type="checkbox"/> | | |
| Pass <input type="checkbox"/> Fail <input type="checkbox"/> | | Held at _____ PSID | Held at _____ PSID | Opened at _____ PSID | Opened at _____ PSID | Held at _____ PSID | |
| Repairs | | Cleaned <input type="checkbox"/> | | | | | |
| Date _____ | | Rubber Kit <input type="checkbox"/> | | | | | |
| Time _____ | | Rebuild <input type="checkbox"/> | | | | | |
| | | Replaced <input type="checkbox"/> | | | | | |
| | | Other <input type="checkbox"/> | | | | | |
| Final Test | | Closed Tight <input type="checkbox"/> | Closed Tight <input type="checkbox"/> | | Opened Fully <input type="checkbox"/> | | |
| Date _____ | | | | | | | |
| Time _____ | | | | | | | |
| Pass <input type="checkbox"/> Fail <input type="checkbox"/> | | Held at _____ PSID | Held at _____ PSID | Opened at _____ PSID | Opened at _____ PSID | Held at _____ PSID | |
| Air Gap | | Date _____ | Time _____ | Diameter _____ | Separation _____ | Pass <input type="checkbox"/> Fail <input type="checkbox"/> | |
| Comments: | | | | | Proper Installation Yes <input type="checkbox"/> No <input type="checkbox"/> RV Exercised <input type="checkbox"/> <input type="checkbox"/> #2 Shutoff Closed <input type="checkbox"/> <input type="checkbox"/> Service Restored <input type="checkbox"/> <input type="checkbox"/> | | |
| I certify all information on this report is true & accurate, acknowledging that incomplete reports will not be accepted. | | | | | | | |
| Tester _____ | | Signature _____ | | | | | |
| Certification # _____ | | Expire _____ | | Phone _____ | | | |
| Test Kit Serial # _____ | | Calibration Date _____ | | | | | |
| Company _____ | | Phone _____ | | | | | |
| | | | | | Test Results Pass <input type="checkbox"/> Fail <input type="checkbox"/> | | |

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