CITY OF STATESVILLE
BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT

Customer: _____

Address of Property: _____

Mailing Address: _____

Meter Number _____   Meter Size: _____

Type of Service: Dom [ ]   Irrigation [ ]   F. L. [ ]   Combination (Dom & F. L.) [ ]

Type of Assembly: RP [ ] RPDA [ ] DC [ ] DCDA [ ] PVB [ ]   Size of Assembly: _____

Manufacturer: _____   Model: _____   Serial No.: _____

Location of Assembly: _____   B/G [ ] A/G[ ]

Containment (at meter): [ ] or Isolation (at branch): [ ]   Line Pressure: _____ PSI (#1 or #2 Testcock)

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
[ ] Leaked [ ] Closed Tight Diff. pressure across check Valve _____ psid	Opened at _____psid Did Not open [ ] Buffer _____ psi	[ ] Leaked [ ] Closed Tight Diff. pressure across check Valve _____ psid	Air inlet opened at _____ psid Didn't open [ ] Check Valve Leaked [ ] Held at _____psid

[ ] Cleaned Only
 	
Replaced:
Rubber Kit   [ ]
CV Assembly   [ ]
     - Or –
Disc   [ ]
O-Rings   [ ]
Seat   [ ]
Spring   [ ]
Stem/Guide   [ ]
Retained   [ ]
Lock Nuts   [ ]
Other   [ ]
	[ ] Cleaned Only
	
	Replaced:
	Rubber Kit [ ]
	RV Assembly [ ]
	     - Or –
	Disc [ ]
	O-Rings [ ]
	Seat [ ]
	Spring [ ]
	Guide [ ]
	Diaphragm [ ]
	Other [ ]
		[ ] Cleaned Only
		
		Replaced:
		Rubber Kit [ ]
		CV Assembly [ ]
		     - Or –
		Disc [ ]
		O-Rings [ ]
		Seat [ ]
		Spring [ ]
		Stem/Guide [ ]
		Retainer [ ]
		Lock Nuts [ ]
		Other [ ]
			[ ] Cleaned Only
			
			Replaced:
			Rubber Kit [ ]
			CV Assembly [ ]
			Disc, Air [ ]
			Disc, CV [ ]
			Spring, Air [ ]
			Spring, CV [ ]
			Retainer [ ]
			Guide [ ]
			O-Ring [ ]
			Other [ ]

[ ] Closed Tight Diff. pressure across check Valve _____ psid	Opened at _____ psid Buffer _____psi	[ ] 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 ten (10) days.**

Remarks: _____

_____

_____

KIT: Diff. [ ]   Dupl. [ ]   Elec. [ ]   Manufacturer: _____

Model: _____   Serial No.: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

Time of Test _____   Date _____

Tester _____   Certification No. _____

Mail to: Water/Sewer Maintenance Division
              City of Statesville
              P. O. Box 1111
              Statesville, NC 28687
704 832-3847 or 704 902-2664 FAX 704-872-7009