

305 William Street
Hendersonville, NC
28792



**Backflow
Prevention
Assembly Test**

Customer: _____
 Property Address: _____
 Mailing Address: _____
 Phone Number: _____ Meter No. _____
 Service Type: Domestic Irrigation Fireline Combination (Domestic and Fireline)
 Assembly Type: RP DC PVB Assembly Size: _____
 Manufacturer: _____ Model: _____ Serial No. _____
 Assembly Location: _____
 Contact Person: _____ Line Pressure: _____ psi

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRESSURE VACUUM BREAKER
Leaked Closed Tight Differential Pressure Across Check Valve _____ psid	Opened @ _____ psid Did Not Open Buffer _____ psi	Leaked Closed Tight Differential Pressure Across Check Valve _____ psid	Air Inlet Opened @ _____ psid Did Not Open Checked Valve: Leaked Held @ _____ psid
Cleaned Only Replaced Rubber Kit Replaced CV Assembly Other (Details) -	Cleaned Only Replaced Rubber Kit Replaced CV Assembly Other (Details) -	Cleaned Only Replaced Rubber Kit Replaced CV Assembly Other (Details) -	Cleaned Only Replaced Rubber Kit Replaced CV Assembly Other (Details) -
Closed Tight Differential Pressure Across Check Valve _____ psid	Opened @ _____ psid Buffer _____ psi	Closed Tight Differential Pressure Across Check Valve _____ psid	Air Inlet _____ psid Check Valve _____ psid
Shut-Off No. 1 Leaked Held Tight		Shut-Off No. 2 Leaked Held Tight	

Assembly Test Results: **Passed** **Failed** **Repairs must be completed with 14-days.**

Remarks: _____

Kit: Diff. Dupl. Elec. Manufacturer: _____ Model: _____ Serial No. _____

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

Tester's Name _____ Signature _____ Certification No. _____

Test Date: _____ Time: _____ am pm Tester's Phone # _____

Mail results to above address.