

Chatham County

Backflow Preventer Test and Maintenance Report

CUSTOMER: _____

ADDRESS: _____ CITY: _____ ZIP CODE: _____

LOCATION OF ASSEMBLY: _____ ABOVE GRADE (___)

TYPE OF ASSEMBLY: RPZ (___) DCVA (___) PVB (___) SIZE: (_____) BELOW GRADE (___)

MANUFACTURER: _____ MODEL: _____ SERIAL # _____

RELIEF VALVE (RPPA)	CHECK VALVE #1 (DCVA & RPPA)	CHECK VALVE #2 (DCVA & RPPA)	PRESSURE VACUUM BREAKER/ SPILL RESISTANT VACUUM BREAKER
OPENED AT _____ PSID BUFFER _____ PSID DID NOT OPEN <input type="checkbox"/>	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	AIR INLET OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/> CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>
OPENED AT _____ PSID BUFFER _____ PSID	<input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	<input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
SHUT OFF #1 <input type="checkbox"/> Leaked <input type="checkbox"/> Held Tight		SHUT OFF #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Held Tight	

Assembly PASSED (___) FAILED (___) * NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS

REMARKS: _____

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THIS ASSEMBLY. I ALSO CERTIFY THAT THE #1 & #2 SHUTOFF VALVES HAVE BEEN LEFT IN THE FULLY OPENED POSITION.

TESTER: _____ CERT # _____

TIME OF TEST: _____ Date: _____

DOMESTIC (___) FIRE (___) LAWN IRRIGATION (___) NEW TEST (___) RECERTIFICATION TEST (___)

WATER METER NUMBER _____ PLUMBING PERMIT NUMBER _____

TEST KIT: DIFFERENTIAL ELECTRONIC Line Pressure _____ PSI

SIGNATURE OF TESTER _____

Mail to: Chatham County Inspections PO Box 548 Pittsboro, NC 27312