County of Stanly
STANLY COUNTY UTILITY 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**(#1or #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 OTHER [ ] List: _____ _____	[ ] CLEANED ONLY REPLACED: RUBBER KIT [ ] CV ASSEMBLY [ ] OR OTHER [ ] List: _____ _____	[ ] CLEANED ONLY REPLACED: RUBBER KIT [ ] CV ASSEMBLY [ ] OR OTHER [ ] _ List: _____ _____	[ ] CLEANED ONLY REPLACED: RUBBER KIT [ ] CV ASSEMBLY [ ] OR OTHER [ ] List: _____ _____
[ ] 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 (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:**_____

Or e-mail to: utservice@stanlycountync.gov **Or fax to:** 704-986-3711

Mail to: Stanly County Utilities (Attn) Backflow
1000 North 1st St. Suite 12
Albemarle, NC 28001

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