COUNTY OF DUPLIN

BUILDING INSPECTIONS DEPARTMENT
PO BOX 950
KENANSVILLE, NC 28349
PHONE: (910) 296-2124 FAX: (910) 296-2166

Backflow Prevention Test Report

Customer Name: _____

Street Address: _____

Location of Assembly: _____

Type of Assembly (circle one): **RP** **RPDA** **DCVA** **DCDA** **PVB** Size: _____

Manufacturer: _____ Model: _____ Serial #: _____

Type of Service (circle one): **Domestic** **Lawn Irrigation** **Fire Line** (fire system how many sprinkler heads ____)

New Test_____ Recertification Test _____ Line Pressure (Testcock # 1): _____ PSI

	Relief Valve	Check Valve #1	Check Valve #2	Pressure Vacuum Breaker
Test Before Repair	Opened At: _____ PSID Buffer _____ PSID	[ ] Leaked [ ] Closed Tight Diff. Pressure _____ PSID	[ ] Leaked [ ] Closed Tight Diff. Pressure _____ PSID	Air Inlet Opened at _____ PSID [ ] Did not open Check Valve held at _____ PSID [ ] Leaked
Test After Repairs	Opened At: _____ PSID Buffer _____ PSID	[ ] Leaked [ ] Closed Tight Diff. Pressure _____ PSID	[ ] Leaked [ ] Closed Tight Diff. Pressure _____ PSID	Air Inlet Opened at _____ PSID [ ] Did not open Check Valve held at _____ PSID [ ] Leaked

Shut Off Valve # 1
[ ] Leaked [ ] Closed Tight

Shut Off Valve # 2
[ ] Leaked [ ] Closed Tight

NOTE: All repairs on RP's must be completed within fourteen (14) business days, DCVA's and PVB's must be completed within twenty-one (21) business days.

Pass [ ] Fail [ ]

I hereby certify that at the date and time of the test indicated, this data is accurate and reflects the proper operation and maintenance of the assembly per current industry standards.
(Please Print)

Initial Test By: _____Certification #: _____ Date: _____
Repaired By: _____ Certification #: _____ Date: _____
Final Test By: _____ Certification #: _____ Date: _____

Test Equipment Information:

[ ] Differential [ ] Duplex [ ] Electronic Make: _____ Model: _____ Serial #: _____

Time of Day: _____AM/PM Signature of Tester: _____