



BUILDING INSPECTIONS DEPARTMENT
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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

TEST BEFORE REPAIR:

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT: _____ PSID	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	AIR INLET OPEN AT: _____ PSID
	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> DID NOT OPEN
BUFFER _____ PSID	DIFF. PRESSURE _____ PSID	DIFF. PRESSURE _____ PSID	CHECK VALVE HELD AT: _____ PSID
			<input type="checkbox"/> LEAKED

TEST AFTER REPAIRS:

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT: _____ PSID	<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED	AIR INLET OPEN AT: _____ PSID
	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> DID NOT OPEN
BUFFER _____ PSID	DIFF. PRESSURE _____ PSID	DIFF. PRESSURE _____ PSID	CHECK VALVE HELD AT: _____ PSID
			<input type="checkbox"/> LEAKED

SHUT OFF VALVE #1	SHUT OFF VALVE #2
<input type="checkbox"/> LEAKED	<input type="checkbox"/> LEAKED
<input type="checkbox"/> CLOSED TIGHT	<input type="checkbox"/> 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: _____