County of Stanly
STANLY COUNTY UTILITIES 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 (#1 or #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 ☐ DID NOT 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:**_____

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

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

Revised 7-15-2015