

Charlotte Water

BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT

CUSTOMER: _____

ADDRESS OF PROPERTY: _____

MAILING ADDRESS: _____

METER NUMBER or ERT#: _____ **SERVICE NUMBER:** _____

<p>TYPE OF SERVICE:</p> <input type="checkbox"/> DOM. <input type="checkbox"/> IRRIG. <input type="checkbox"/> F.L. <input type="checkbox"/> COMBINATION (DOM. & F.L.)	<p>TYPE OF ASSEMBLY:</p> <input type="checkbox"/> RP <input type="checkbox"/> DC <input type="checkbox"/> PVB	<p>TYPE OF TEST</p> <input type="checkbox"/> Containment (at meter) <input type="checkbox"/> Isolation (at branch)
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ASSEMBLY INFORMATION

Size _____	Manufacturer _____	Model _____	Serial No _____
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LOCATION OF ASSEMBLY: _____ **Line Pressure:** _____ **PSI**(#1or #2 Testcock)

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRESSURE VACUUM BREAKER
<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/> BUFFER _____ PSI	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	AIR INLET OPENED AT _____ PSID DIDN'T OPEN <input type="checkbox"/> CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OR OTHER <input type="checkbox"/> List: _____ _____	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OR OTHER <input type="checkbox"/> List: _____ _____	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OR OTHER <input type="checkbox"/> List: _____ _____	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OR OTHER <input type="checkbox"/> List: _____ _____
<input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	OPENED AT _____ PSID BUFFER _____ PSI	<input type="checkbox"/> 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 COMPLETED BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT ACCURATELY REFLECTS OPERATION AND CONDITIONS OF THE SPECIFIED ASSEMBLY AT THE TIME OF THIS TEST.

TESTER (Signature): _____ **CERT.NO.:** _____

TESTER (Printed Name): _____ **PHONE #:** _____

DATE OF TEST: _____ **TIME:** _____ **Mail to:** Charlotte Water Attn: Backflow Prevention

Or e-mail to: backflowtests@charlottenc.gov **Or fax to:** 704-632-8392 5100 Brookshire Blvd.
Charlotte, NC 28216