Charlotte Water
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

<table>
<thead>
<tr>
<th>Size</th>
<th>Manufacturer</th>
<th>Model</th>
<th>Serial No</th>
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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 _____ PSI

OPENED AT _____ PSID

DIFF. PRESSURE ACROSS CHECK VALVE _____ PSI

AIR INLET OPENED AT _____ PSID

[ ] LEAKED [ ] CLOSED TIGHT

DIFF. PRESSURE ACROSS CHECK VALVE _____ PSI

DIFF. PRESSURE ACROSS CHECK VALVE _____ PSI

[ ] 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 _____ PSI

OPENED AT _____ PSID

DIFF. PRESSURE ACROSS CHECK VALVE _____ PSI

AIR INLET _____ PSI

[ ] CLOSED TIGHT

DIFF. PRESSURE ACROSS CHECK VALVE _____ PSI

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

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Charlotte, NC 28216

Revised 1/15/2015

Operated by City of Charlotte