



**NORTH CAROLINA BACKFLOW PREVENTION TESTER
TEST AND MAINTENANCE REPORT**

CUSTOMER: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

LOCATION OF ASSEMBLY: _____

TYPE OF SERVICE: Domestic Fire Combination (Dom. & F.L.) Lawn Irrigation

ACCOUNT NUMBER: _____ WATER METER NUMBER: _____

TYPE OF ASSEMBLY: RP DC PVB SIZE: _____

MANUFACTURER: _____ MODEL: _____ SERIAL NO.: _____

LINE PRESSURE: _____ PSI

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
Opened at: _____ PSID Buffer _____ PSID Did Not Open <input type="checkbox"/>	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Diff. Pressure Across Check Valve: _____ PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Diff. Pressure Across Check Valve: _____ PSID	Air Inlet Opened at _____ PSID Check Valve: <input type="checkbox"/> Leaked Held at _____ PSID Did Not Open <input type="checkbox"/>
<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly
Opened at: _____ PSID Buffer _____ PSID	<input type="checkbox"/> Closed Tight _____ PSID	<input type="checkbox"/> Closed Tight _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID
Shut Off Valve #1 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight		Shut Off Valve #2 <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	

THIS ASSEMBLY: Passed OR Failed **NOTE: All Repairs MUST be completed within thirty (30) days.**

REMARKS: _____

Initial Test By: _____

Repaired By: _____

Final Test By: _____

Type of Test: New Test Recertification Test

Test Kit Information: Manufacturer: _____

Certified Tester No. _____ Date: _____

Date: _____ Plumbing Permit No. _____

Certified Tester No. _____ Date: _____

Test Kit Type: Differential Duplex Electronic

Model: _____ Serial No.: _____

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. I also certify that the #1 and #2 Shut Off Valves have been left in the fully opened position

Signature of Tester: _____ Date: _____ Time of Day: _____ am pm

Company Name: _____ Address: _____ Phone: _____

Submit to: Kay Bunnell, Utility Connection Coordinator
 Email: kay.bunnell@tririverwater.com
 Phone: 919-777-1243