

TOWN of MOORESVILLE
BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT

Customer: _____

Address of Property _____

Mailing Address: _____

Meter Number or Ert Number (required) _____ Service Number _____

PLUMBING PERMIT NUMBER (REQUIRED FOR ALL INSTALLATIONS) _____

Type of Service: Dom: Irrigation: Fire Line: Bypass: Combination Dom & F. L.

Type of Assembly: RP DC PVB Size of Assembly: _____

Manufacturer: _____ Model: _____ Serial No.: _____

Location of Assembly: _____ Line Pressure _____

Containment at meter Isolation New Test Recertification Test

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 _____ psid	<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: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retained <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc, Air <input type="checkbox"/> Disc, CV <input type="checkbox"/> Spring, Air <input type="checkbox"/> Spring, CV <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other <input type="checkbox"/>
SHUT-OFF #1: Leaked <input type="checkbox"/> Held Tight <input type="checkbox"/>		SHUT-OFF #2: Leaked <input type="checkbox"/> Held Tight <input type="checkbox"/>	

Assembly: PASSED or FAILED **NOTE: All repairs must be completed within ten (10) days.**

Remarks: _____

KIT: Diff. Dupl. Elec. Manufacturer: _____ Model _____ Serial No: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

Time of Test: _____ Date: ____/____/____

Tester (PRINT) _____

Tester (SIGNATURE) _____

Certification No: _____

Mail to: Town of Mooresville
Backflow Department
2523 CHARLOTTE HWY.
MOORESVILLE, NORTH CAROLINA 28117
Or fax to : 704-799-4136
Or email to
mboliek@ci.mooresville.nc.us