

**Town of Harrisburg**  
**BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT**

**CUSTOMER:** \_\_\_\_\_  
**ADDRESS OF PROPERTY:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**METER MODEL & NUMBER:** \_\_\_\_\_ **SERVICE NUMBER:** \_\_\_\_\_  
**TYPE OF SERVICE:** DOM. [ ] IRRIG. [ ] F.L. [ ] COMBINATION (DOM. & F.L.) [ ]  
**TYPE OF ASSEMBLY:** RP [ ] DC [ ] PVB [ ] **SIZE OF ASSEMBLY:** \_\_\_\_\_  
**MANUFACTURER:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_ **SERIAL NO.** \_\_\_\_\_  
**LOCATION OF ASSEMBLY:** \_\_\_\_\_  
**Containment (at meter):** [ ] or **Isolation (at branch):** [ ] **Line Pressure:** \_\_\_\_\_ **PSI** (#1 or #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 [ ]  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 [ ] CHECK VALVE: LEAKED [ ] HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY  REPLACED: RUBBER KIT [ ] CV ASSEMBLY [ ] OR DISC [ ] O-RINGS [ ] SEAT [ ] SPRING [ ] STEM/GUIDE [ ] RETAINER [ ] LOCK NUTS [ ] OTHER [ ]	<input type="checkbox"/> CLEANED ONLY  REPLACED: RUBBER KIT [ ] RV ASSEMBLY [ ] OR DISC [ ] O-RINGS [ ] SEAT [ ] SPRING [ ] GUIDE [ ] DIAPHRAGM [ ] OTHER [ ]	<input type="checkbox"/> CLEANED ONLY  REPLACED: RUBBER KIT [ ] CV ASSEMBLY [ ] OR DISC [ ] O-RINGS [ ] SEAT [ ] SPRING [ ] STEM/GUIDE [ ] RETAINER [ ] LOCK NUTS [ ] OTHER [ ]	<input type="checkbox"/> CLEANED ONLY  REPLACED: RUBBER KIT [ ] CV ASSEMBLY [ ] DISC, AIR [ ] DISC, CV [ ] SPRING, AIR [ ] SPRING, CV [ ] RETAINER [ ] GUIDE [ ] O-RING [ ] OTHER [ ]
<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
<b>SHUT - OFF #1</b> Leaked (___) Held Tight (___)		<b>SHUT-OFF#2</b> Leaked (___) Held Tight (___)	

**Assembly PASSED (\_\_\_) OR FAILED (\_\_\_) NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (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.

Mail to: Town of Harrisburg  
 P.O. Box 100  
 Harrisburg NC 28075  
**ATTN.** Silas Bolen

**TIME OF TEST:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TESTER:** \_\_\_\_\_ **CERT.NO.:** \_\_\_\_\_

Phone: (704) 455-4669 Fax: (704) 455- 4761

*Revised 2/19/2003*