

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 Test cock)

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 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: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/> OR 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: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OR 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: 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"/>
<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: _____

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 Name): _____ **CERT.NO.:** _____

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