

CITY OF WINSTON SALEM BACKFLOW TEST AND MAINTENANCE REPORT

CUSTOMER: _____

STREET ADDRESS: _____

LOCATION OF ASSEMBLY: _____

CONNECTION # _____ WBF # _____ PERMIT # _____

(tag on water meter)

(tag on backflow)

(posted at meter box for new service)

TYPE OF ASSEMBLY: RPA RPDA MRPA MRPDA DCA DCDA MDCA MDCDA PVB

MANUFACTURER: _____ MODEL: _____ SERIAL NO. _____ SIZE: _____

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT: _____ PSID DID NOT OPEN <input type="checkbox"/> BUFFER _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT _____ PSID	AIR INLET OPENED AT: _____ PSID DID NOT OPEN <input type="checkbox"/> CV LEAKED <input type="checkbox"/> HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OTHER: _____
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	

REMARKS: _____

ASSEMBLY PASSED ASSEMBLY FAILED *NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS*

CLASS: RESIDENTIAL MULTI-FAMILY INDUSTRIAL COMMERCIAL GOVERNMENT

USE: DOMESTIC FIRE LINE LAWN IRRIGATION COMBINATION (fire & domestic)

TYPE OF TEST: NEW TEST RECERTIFICATION TEST

TEST KIT: DIFFERENTIAL ELECTRONIC TEST KIT S/N _____ MFGR: _____

DATE: _____ TIME: _____ AM PM LINE PRESSURE: _____ PSI

SIGNATURE OF TESTER: _____ CERT. NO: _____ EXP. DATE _____

(I hereby certify that this data is accurate and reflects the proper operation of this assembly)