

**TOWN OF ABERDEEN**  
 115 N POPLAR ST  
 PO BOX 785  
 ABERDEEN, NC 28315  
 (910) 944-1115 FAX (910) 944-7459

**BACKFLOW AND TEST REPORT**

Customer: \_\_\_\_\_ Account # \_\_\_\_\_

Physical Address of meter: \_\_\_\_\_

Phone #: \_\_\_\_\_ **METER # (mandatory for form to be accepted):** \_\_\_\_\_

Confirm that the RPZ is attached to the proper METER

Type of Assembly: RP \_\_\_ DC \_\_\_ PVB \_\_\_ Size: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No: \_\_\_\_\_

Relief Valve	Check Valve #1	Check Valve #2	Pressure Vacuum Breaker
OPENED AT: _____ PSID _____ PSID BUFFER _____ PSID DID NOT OPEN ___ ___ CLEANED ONLY	___ LEAKED ___ CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: _____ PSID ___ CLEANED ONLY	___ LEAKED ___ CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: _____ PSID ___ CLEANED ONLY	AIR INLET OPENED AT: _____ PSID DID NOT OPEN ___ CHECK VALVE: LEAKED _____ HELD AT _____ PSID ___ CLEANED ONLY
REPLACED: RUBBER KIT ___ RV ASSEMBLY ___	REPLACED: RUBBER KIT ___ CV ASSEMBLY ___	REPLACED: RUBBER KIT ___ CV ASSEMBLY ___	REPLACED: RUBBER KIT ___ CV ASSEMBLY ___
OPENED AT: _____ PSID BUFFER _____ PSID	___ CLOSED TIGHT _____ PSID	___ CLOSED TIGHT _____ PSID	AIR INLET _____ PSID _____ PSID
SHUT OFF VALVE #1 ___ LEAKED ___ CLOSED TIGHT		SHUT OFF VALVE #2 ___ LEAKED ___ CLOSED TIGHT	

**Note: All repairs must be completed within thirty days.**

REMARKS: \_\_\_\_\_

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 SHUTOFF VALVES HAVE BEEN LEFT IN THE FULLY OPENED POSITION.

INITIAL TEST BY: \_\_\_\_\_ CERTIFIED TESTER NO: \_\_\_\_\_ DATE: \_\_\_\_\_

TESTER'S MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

REPAIRED BY: \_\_\_\_\_ CERTIFIED TESTER NO. \_\_\_\_\_ DATE: \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ CERTIFIED TESTER NO. \_\_\_\_\_ DATE: \_\_\_\_\_

DOMESTIC \_\_\_ FIRE \_\_\_ LAWN IRRIGATION \_\_\_ COMMERCIAL \_\_\_ NEW TEST \_\_\_ RECERTIFICATION TEST \_\_\_

PLUMBING PERMIT NUMBER: \_\_\_\_\_

TEST KIT DIFFERENTIAL \_\_\_ ELECTRONIC \_\_\_ LINE PRESSURE: \_\_\_\_\_

TIME OF DAY: \_\_\_\_\_ AM \_\_\_ PM \_\_\_ SIGNATURE OF TESTER: \_\_\_\_\_

**Please make sure form is COMPLETE: CALL 944-7799 IF NEEDED TO CONFIRM CORRECT METER NUMBER FOR INSTALLING/TESTING RPZ.**

**ALL CERTIFIED PLUMBERS MUST INFORM CUSTOMER THAT INSTALLATION AND 1st BACKFLOW TEST/CERTIFICATION IS INCLUDED IN INITIAL INSTALLATION OF RPZ.**