

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.