City of Archdale

Backflow Preventer Test and Maintenance Report

CUSTOMER: _____
ADDRESS: _____
LOCATION OF ASSEMBLY: _____
TYPE OF SERVICE: _____ LINE PRESSURE: _____
TYPE OF ASSEMBLY: RP _____ DCVA _____ PVB _____ SIZE_____
MANUFACTURER: _____MODEL: _____SERIAL N0._____

Check Valve #1 (DCVA/RPPA)	Check Valve #2 (DCVA/RPPA)	Relief Valve (RPPA)	Pressure Vacuum Breaker
[ ] leaked [ ] Closed tight Diff. pressure across check valve _____psid	[ ] leaked [ ] Closed tight Diff. pressure across check valve ____psid	Opened at _____ psid Did Not Open [ ] buffer psid_____	Air inlet opened at _____ psid Did not open [ ] CV leaked [ ] Held at _____psid
[ ] cleaned only Replaced rubber kit [ ] c v assembly [ ]	[ ] cleaned only Replaced rubber kit [ ] c v assembly [ ]	[ ] cleaned only Replaced rubber kit [ ] r f assembly [ ]	[ ] cleaned only Replaced rubber kit [ ] c v assembly [ ]
[ ] Closed Tight Diff. Pressure Across check valve_____ psid	[ ] Closed Tight Diff. Pressure Across check valve_____ psid	Opened at _____psid Buffer_____ psi	Air Inlet_____ psid Check valve _____psid
SHUT-OFF #1 Leaked (____) Held Tight (_____)		SHUT-OFF #2 Leaked (____) Held Tight (_____)	

ASSEMBLY PASSED (_____) FAILED (_____) *ALL REPAIRS MUST BE MADE WITHIN (10) DAYS*
REMARKS: _____
_____
DOMESTIC [ ] FIRE [ ] LAWN IRRIGATION [ ] NEW TEST [ ] RECERTIFICATION [ ]

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THIS ASSEMBLY.

TESTER_____ CERTIFICATE NO._____

TIME OF TEST: _____ DATE: _____

TEST KIT: Model_____ DIFFERENTIAL [ ] ELECTRONIC [ ]

DATE OF CALIBRATION_____ SERIAL NUMBER_____

SIGNATURE OF TESTER: _____