



**City of Elizabeth City**  
**Public Utilities Department**  
 PO Box 347, Elizabeth City, NC 27909  
 (252)337-6628

## Backflow Prevention Assembly Test and Maintenance Report

Premises Number: \_\_\_\_\_

Location of Assembly: \_\_\_\_\_

Type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ Serial No: \_\_\_\_\_

Name of Contact Person/ Owner: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Tester: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Service: \_\_\_\_\_  New Test  Recertification Test  Line Pressure: \_\_\_\_\_

Test Kit: \_\_\_\_\_ Serial No. \_\_\_\_\_ Calibration Date: \_\_\_\_\_

NO. 1 CHECK VALVE	NO. 2 CHECK VALVE	RELIEF VALVE	PRESSURE VACUUM BREAKER
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff Pressure Across Check Valve ____ . ____ PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff Pressure Across Check Valve ____ . ____ PSID	Opened at ____ . ____ PSID	Air Inlet ____ . ____ PSID <input type="checkbox"/> Did not open Check Valve ____ . ____ PSID <input type="checkbox"/> Leaked
<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: _____ _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: _____ _____
Closed Tight at ____ . ____ PSID	Closed Tight at ____ . ____ PSID	Opened at ____ . ____ PSID	Air Inlet ____ . ____ PSID Check Valve ____ . ____ PSID
Shut off Valve #1 _____ Leaked _____ Closed Tighted		Buffer: _____	Shut off Valve #2 _____ Leaked _____ Closed Tight

Comments: \_\_\_\_\_

This Assembly: \_\_\_\_\_ PASSED \_\_\_\_\_ FAILED

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

\_\_\_\_\_  
 Signature of Licensed Tester

\_\_\_\_\_  
 Time and Date of Completed Test

**\*All Repairs must be made within 10 Business Days**