

IREDELL WATER CORPORATION

BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT

Customer: _____
 Address of Property: _____
 Mailing Address: _____
 Meter Model & Number _____ Service Number: _____
 Type of Service: Dom ☐ Irrigation ☐ F. L. ☐ Combination (Dom & F. L.) ☐
 Type of Assembly: RP ☐ DC ☐ PVB ☐ Size of Assembly: _____
 Manufacturer: _____ Model: _____ Serial No.: _____
 Location of Assembly: _____
 Containment (at meter): ☐ or Isolation (at branch): ☐ Line Pressure: _____ PSI (#1 or #2 Testcock)

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff. pressure across check Valve _____psid	Opened at _____psid Did Not open <input type="checkbox"/> Buffer _____ psi	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff. pressure across check Valve _____psid	Air inlet opened at _____psid Didn't open <input type="checkbox"/> Check Valve Leaked <input type="checkbox"/> Held at _____psid
<input type="checkbox"/> Cleaned Only Replaced: Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> - Or - Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retained <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> Cleaned Only Replaced: Rubber Kit <input type="checkbox"/> RV Assembly <input type="checkbox"/> - Or - Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> Cleaned Only Replaced: Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> - Or - Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> Cleaned Only Replaced: Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc, Air <input type="checkbox"/> Disc, CV <input type="checkbox"/> Spring, Air <input type="checkbox"/> Spring, CV <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other <input type="checkbox"/>
<input type="checkbox"/> Closed Tight Diff. pressure across check Valve _____psid	Opened at _____psid Buffer _____ psi	<input type="checkbox"/> Closed tight Diff. pressure across check Valve _____psid	Air Inlet _____psid Check Valve _____psid
SHUT-OFF #1: Leaked <input type="checkbox"/> Held Tight <input type="checkbox"/>		SHUT-OFF #2 Leaked <input type="checkbox"/> Held Tight <input checked="" type="checkbox"/>	

Assembly: PASSED ☐ or FAILED ☐ **NOTE: All repairs must be completed within ten (10) days.**

Remarks: _____

KIT: Diff. ☐ Dupl. ☐ Elec. ☐ Manufacturer: _____
 Model: _____ Serial No.: _____

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

Time of Test _____ Date _____

Tester _____ Certification No. _____

TESTER MUST INCLUDE A COPY OF TESTER'S CURRENT CERTIFICATION AND CURRENT CALIBRATION TEST OF TESTING KIT.
 Test results may be mailed to IWC, C/O Backflow Coordinator, PO BOX 1844, Statesville, NC 28687 or email to cmeyer@iredellwater.com