

## BACKFLOW DEVICE TEST REPORT FORM

City of Pickens Contacts: Cory Cox 864-898-8149 Matt Harper: 864-898-8147

Date: \_\_\_\_\_

Account Name/Business Name: \_\_\_\_\_

Account Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Meter Number: \_\_\_\_\_

Device Name: \_\_\_\_\_ Model Number: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Size: \_\_\_\_\_

Device Location: \_\_\_\_\_

Tested By (PRINT): \_\_\_\_\_

	Check Valve #1	Check Valve#2	Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked _____ Closed _____ Tight _____ Differential Pressure _____	(Mark One) Leaked _____ Closed _____ Tight _____ Differential Pressure _____	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed _____ Tight _____	(Mark One) Leaked _____ Closed _____ Tight _____
Repairs and New Materials					
Test After Repairs	(Mark One) Leaked _____ Closed _____ Tight _____ Diff Pressure _____	(Mark One) Leaked _____ Closed _____ Tight _____ Diff Pressure _____	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed _____ Tight _____	(Mark One) Leaked _____ Closed _____ Tight _____

Above Data Certified to be correct.

Tester Signature: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Telephone Number: \_\_\_\_\_

Category: \_\_\_ General \_\_\_ Limited \_\_\_ Inspector Tester

Method of Testing: \_\_\_\_\_ Test Kit Used: \_\_\_\_\_

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