

Town of Apex Backflow Test and Maintenance Report

CUSTOMER: _____

STREET ADDRESS: _____

LOCATION OF ASSEMBLY: _____

**Mail To: Environmental Programs and Operations Division; PO Box 250 Apex NC, 27502; Cross Connection Control
Phone: 919-249-3427; Fax: 919-367-2808 (All line items must be completed or forms will not be processed)**

RESIDENTIAL OR COMMERCIAL (APPLICATION) MUST BE CHECKED: RESIDENTIAL COMMERCIAL

TYPE OF ASSEMBLY: RP DCVA PVB MANUFACTURER: _____ MODEL: _____

SIZE: _____ SERIAL NO.: _____

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
INITIAL TEST: OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/> Buffer: _____ 3.0 or Greater	INITIAL TEST: <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID DCVA #1 SHUT OFF <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	INITIAL TEST: <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID DCVA #2 SHUT OFF <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	INITIAL TEST: AIR INLET OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/> CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT _____ PSID
REPAIR: <input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	REPAIR: <input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	REPAIR: <input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	REPAIR: <input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>
RETEST: OPENED AT _____ PSID	RETEST: <input type="checkbox"/> CLOSED TIGHT _____ PSID	RETEST: <input type="checkbox"/> CLOSED TIGHT _____ PSID	RETEST: AIR INLET _____ PSID CHECK VALVE _____ PSID
INITIAL TEST: SHUT OFF VALVE #2 (REDUCED PRESSURE ONLY) <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		RETEST: SHUT OFF VALVE #2 (REDUCED PRESSURE ONLY) <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN TEN DAYS.

REMARKS: _____ INITIAL TEST: PASS FAIL RETEST: PASS

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

INITIAL TEST BY: _____ CERTIFIED TESTER NO.: _____ DATE: _____

REPAIRED BY: _____ DATE: _____

RETEST BY: _____ CERTIFIED TESTER NO.: _____ DATE: _____

TYPE CONNECTION: DOMESTIC FIRE LAWN IRRIGATION TYPE TEST: NEW TEST ANNUAL TEST

WATER METER NUMBER: _____ PLUMBING PERMIT NUMBER: _____

TEST KIT: DIFFERENTIAL ELECTRONIC LINE PRESSURE: _____ PSI TIME OF DAY: _____ : _____ AM PM

MANUFACTURER: _____ MODEL: _____ SERIAL NUMBER: _____

CALIBRATION DATE: ____ / ____ / ____ SCHOOL WHERE CERTIFIED: _____

SIGNATURE (PRINT): _____ SIGNATURE OF TESTER: _____

FORM DESIGN APPROVED BY S. MILLER - 10-2-2008

