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## Backflow Prevention Assembly Test and Maintenance Report

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

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

Service Meter Number: \_\_\_\_\_ By-pass Meter Reading: \_\_\_\_\_

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

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 Tight		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 and Date)

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

**\* Test and Maintenance Report must be submitted within 15 days.**

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