

# CITY OF HIGH POINT

## BACKFLOW PREVETNER TEST AND MAINTENANCE REPORT

**CUSTOMER:** \_\_\_\_\_  
**ADDRESS OF PROPERTY:** \_\_\_\_\_  
**METER MODEL & NUMBER:** \_\_\_\_\_ **SERVICE NUMBER:** \_\_\_\_\_  
**TYPE OF SERVICE:** DOM.  IRRIG.  F.L.  COMBINATION (DOM. & F.L.)   
**TYPE OF ASSEMBLY:** RPPA  RPDA  DCVA  DCDA  PVB   
**SIZE OF ASSEMBLY:** \_\_\_\_\_  
**MANUFACTURER:** \_\_\_\_\_ **MODEL:** \_\_\_\_\_ **SERIAL NO.** \_\_\_\_\_  
**LOCATION OF ASSEMBLY:** \_\_\_\_\_  
**Containment (at meter):**  **Isolation (at branch):**  **Line Pressure:** \_\_\_\_\_ **PSI** (#1 or #2 Testcock)

CHECK VALVE #1 (DCVA & RPPA)	CHECK VALVE #2 (DCVA & RPPA)	RELIEF VALVE (RPPA)	PRESSURE VACUUM BREAKER
<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT  DIFF. PRESSURE ACROSS CHECK VALVE _____ PSI	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT  DIF. PRESSURE ACROSS CHECK VALVE _____ PSI	OPENED AT _____ PSI  DID NOT OPEN <input type="checkbox"/>  BUFFER _____ PSI	AIR INLET OPENED AT _____ PSI DID NOT OPEN <input type="checkbox"/> CHECK VALVE LEAKED <input type="checkbox"/> HELD AT _____ PSI
<input type="checkbox"/> CLEANED ONLY  REPLACED RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> 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 <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 <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 ASSMBLY <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 _____ PSI	<input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ PSI	OPENED AT _____ PSI  BUFFER _____ PSI	AIR INLET _____ PSI  CHECK VALVE _____ PSI
<b>SHUT-OFF# 1</b> Leaked (___) Held Tight (___)		<b>SHUT-OFF# 2</b> Leaked (___) Held Tight (___)	

**Assembly PASSED (\_\_\_) FAILED (\_\_\_) \*NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (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 THIS ASSSEMBLY.

**TIME OF TEST:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TESTER:** \_\_\_\_\_ **CERT. NO.** \_\_\_\_\_

Mail to: City of High Point  
 Attn: Backflow Inspector  
 PO Box 230  
 High Point, NC 27260  
 Tele: (336) 883-3691  
 Fax: (336) 822-7071