

**City of High Point**  
**BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT**

CUSTOMER: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_

TYPE OF SERVICE: \_\_\_\_\_

TYPE OF ASSEMBLY:      RPZ       DCVA       PVB       SIZE: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_      MODEL: \_\_\_\_\_      SERIAL NO. \_\_\_\_\_

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

Assembly PASSED (\_\_\_\_) FAILED (\_\_\_\_) \*NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS.

REMARKS: \_\_\_\_\_

DOMESTIC       FIRE       LAWN IRRIGATION       NEW TEST       RECERTIFICATION TEST

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

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

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

TEST KIT      DIFFERENTIAL       ELECTRONIC       Line Pressure: \_\_\_\_\_PSI

SIGNATURE OF TESTER: \_\_\_\_\_

Mail to: City of High Point  
 Water & Sewer Mains  
 Attn: Backflow Inspector  
 PO Box 230  
 High Point, NC 27260  
 Tele: (336) 883-3691  
 Fax: (336) 883-3490