



Greenville Utilities

Water Resources Department
 PO Box 1847; Greenville, NC 27835
 (252) 551-1551 or (252) 551-3399

Backflow Prevention Assembly Test Form

Property Address: _____

Location of Assembly: _____

Type: _____ Manufacturer: _____ Model: _____ Size: _____ Serial No.: _____

Name of Owner: _____

Mailing Address: _____

Tester: _____ Certification No.: _____

Type of Service: _____ New Test Recertification Test Line Pressure: _____

Test Kit: _____ Serial No. _____ Calibration Date _____

	DCVA	RP	PVB
Test	CV #1 <input type="checkbox"/> Leaked ____ PSID <input type="checkbox"/> Closed Tight <hr/> CV #2 <input type="checkbox"/> Leaked ____ PSID <input type="checkbox"/> Closed Tight	CV #1 <input type="checkbox"/> Leaked ____ PSID <input type="checkbox"/> Closed Tight <hr/> CV #2 <input type="checkbox"/> Leaked ____ PSID <input type="checkbox"/> Closed Tight <hr/> RV opened at ____ PSID ____ Buffer PSI	Air Inlet ____ PSID <input type="checkbox"/> Did not open <hr/> Check Valve ____ PSID <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight
Cleaned Repaired			
After Repair Test	CV #1 Closed Tight at ____ PSID CV #2 Closed Tight at ____ PSID	CV #1 Closed Tight at ____ PSID CV #2 Closed Tight at ____ PSID RV opened at ____ PSID Buffer : ____ PSI	Air Inlet ____ PSID Check Valve Closed Tight at ____ PSID
*All Repairs must be made within 10 Business Days			EMAIL COMPLETED TEST FORM TO: backflow@guc.com

Shut Off Valve #1 ____ Leaked ____ Closed Tight

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.

Date: _____ Time: _____

Signature of Licensed Tester _____