



Public Utilities Department

Public Utilities  
PO Box 398  
Hickory NC 28603

DATE: \_\_\_\_\_

828-323-7427 - phone

828-322-1405 - fax

## BACKFLOW INSPECTION

Customer:			
Address of Property:			
Mailing Address:			
Meter Model & Number:		Service Number:	
Type of Service:	DOM( ) IRRIG( ) F.L.( )	Combo (DOM/F.L.)( )	
Type of Assembly:	RP( ) DC( ) PVB( )	Size of Assembly:	
Manufacturer:	Model:	Serial No:	
Location of Assembly:			
Containment (at meter) ( )		or Isolation (at branch) ( )	Line Pressure:                      PSI:

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
( ) Leaked ( ) Closed Tight	Opened at _____PSID	( ) Leaked ( ) Closed Tight	Air Inlet Opened at _____PSID
Diff. Pressure Across Check Valve: _____PSID	Did not open ( ) Buffer _____PSI	Diff. Pressure Across Check Valve: _____PSID	Check Valve: Leaked ( ) Held at _____PSID
( ) Cleaned Only	( ) Cleaned Only	( ) Cleaned Only	( ) Cleaned Only
Replaced Rubber Kit ( ) CV Assembly ( )	Replaced Rubber Kit ( ) CV Assembly ( )	Replaced Rubber Kit ( ) CV Assembly ( )	Replaced Rubber Kit ( ) CV Assembly ( )
( ) Closed Tight	Opened at _____PSID	( ) Closed Tight	Air Inlet _____PSID
Diff. Pressure Across Check Valve: _____PSID	Buffer _____PSI	Diff. Pressure Across Check Valve: _____PSID	Check Value _____PSID
Shut Off #1 Leaked ( )                      Held Tight ( )	Shut Off #2 Leaked ( )                      Held Tight ( )		

Assembly:                      PASSED ( )                      or FAILED ( )

NOTE: All repairs must be completed within (10) days.

REMARKS:
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Kit:                      DIFF ( ) DUPL ( ) ELEC ( )                      MANUFACTURER:                      CALIBRATION DATE

Model:                      Serial No:                      \_\_\_\_\_

I, hereby certify that this date is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: \_\_\_\_\_ CERT. NO. \_\_\_\_\_                      TIME/DATE: \_\_\_\_\_