



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:

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

Model: _____ Serial No: _____

Company :

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

TESTER: _____ CERT. NO. _____ TIME/DATE: _____

BACKFLOW INSPECTION COMPANY: _____ PH NO: _____