



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
Initial Test	CV #1 <input type="checkbox"/> Leaked _____ PSID <input type="checkbox"/> Closed Tight CV #2 <input type="checkbox"/> Leaked _____ PSID <input type="checkbox"/> Closed Tight	CV #1 <input type="checkbox"/> Leaked _____ PSID <input type="checkbox"/> Closed Tight CV #2 <input type="checkbox"/> Leaked _____ PSID <input type="checkbox"/> Closed Tight RV opened at _____ PSID _____ Buffer PSI	Air Inlet _____ PSID <input type="checkbox"/> Did not open Check Valve _____ PSID <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight
Cleaned Repaired			
Final 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 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.

Signature of Licensed Tester _____ Date: _____ Time: _____