

**TOWN OF JAMESTOWN  
PUBLIC SERVICES DEPARTMENT  
BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT**

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

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

**MAILING ADDRESS:** \_\_\_\_\_

**METER MODEL & NUMBER:** \_\_\_\_\_ **SERVICE NUMBER:** \_\_\_\_\_

**TYPE OF SERVICE:** DOM.  IRRIG.  F.L.  COMBINATION (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** (#1or #2 Testcock)

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRESSURE VACUUM BREAKER
<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT  DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	OPENED AT _____ PSID  DID NOT OPEN <input type="checkbox"/>  BUFFER _____ PSI	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT  DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	AIR INLET OPENED AT _____ PSID DIDN'T OPEN <input type="checkbox"/> CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY  REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OR DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCK NUTS <input type="checkbox"/> OTHER <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY  REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/> OR DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> GUIDE <input type="checkbox"/> DIAPHRAGM <input type="checkbox"/> OTHER <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY  REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> OR DISC <input type="checkbox"/> O-RINGS <input type="checkbox"/> SEAT <input type="checkbox"/> SPRING <input type="checkbox"/> STEM/GUIDE <input type="checkbox"/> RETAINER <input type="checkbox"/> LOCK NUTS <input type="checkbox"/> OTHER <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY  REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/> DISC, AIR <input type="checkbox"/> DISC, CV <input type="checkbox"/> SPRING, AIR <input type="checkbox"/> SPRING, CV <input type="checkbox"/> RETAINER <input type="checkbox"/> GUIDE <input type="checkbox"/> O-RING <input type="checkbox"/> OTHER <input type="checkbox"/>
<input type="checkbox"/> CLOSED TIGHT  DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	OPENED AT _____ PSID  BUFFER _____ PSI	<input type="checkbox"/> CLOSED TIGHT  DIFF. PRESSURE ACROSS CHECK VALVE _____ PSID	AIR INLET _____ PSID  CHECK VALVE _____ PSID
<b>SHUT - OFF #1</b> Leaked ( ) Held Tight ( )		<b>SHUT-OFF#2</b> Leaked ( ) Held Tight ( )	

**Assembly PASSED ( ) OR FAILED ( )**

**NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN (10) DAYS.**

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

**KIT:** DIFF.  DUPL.  ELEC  **MANUFACTURER:** \_\_\_\_\_

**MODEL:** \_\_\_\_\_ **SERIAL NO.:** \_\_\_\_\_

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

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

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

**Mail to: Town of Jamestown  
Public Services Department  
Attn: Backflow Prevention  
PO Box 848  
Jamestown, NC 27282**