



# Town of Winterville

Water Resources Department  
 PO Box 1459; Winterville, NC 28590  
 (252) 215-2427 or (252) 413-9215 Fax (252) 756-6776  
**Backflow Prevention Assembly Test Form**

Premises Number: \_\_\_\_\_

Location of Assembly: \_\_\_\_\_

Type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Tester: \_\_\_\_\_ Certification No.: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Service: \_\_\_\_\_ New Test  Recertification Test  Line Pressure: \_\_\_\_\_

Test Kit: \_\_\_\_\_ Serial No. \_\_\_\_\_ Calibration Date \_\_\_\_\_

NO. 1 CHECK VALVE	NO. 2 CHECK VALVE	RELIEF VALVE	PRESSURE VACUUM BREAKER
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff Pressure Across Check Valve ____ PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff Pressure Across Check Valve ____ PSID	Opened at ____ PSID	Air Inlet ____ PSID <input type="checkbox"/> Did not open Check Valve ____ PSID <input type="checkbox"/> Leaked
<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: _____
Closed Tight at ____ PSID	Closed Tight at ____ PSID	Opened at ____ PSID	Air Inlet ____ PSID Check Valve ____ PSID
Shut Off Valve #1 _____ Leaked _____ Closed Tight		Buffer: _____	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 and Date)

\*All Repairs must be made within 10 Business Days