



Onslow Water & Sewer Authority

Backflow Prevention Test & Maintenance Report

Business/Customer Name:		Meter #:
Service Address:		
Assembly Location:		
Type of Assembly: (Check One) <input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> DCVA <input type="checkbox"/> DCDA <input type="checkbox"/> PVB		Size:
Manufacturer:	Model #:	Serial #:
Type of Service: (Check One) <input type="checkbox"/> Domestic <input type="checkbox"/> Lawn Irrigation <input type="checkbox"/> Fire Line		

New Test: _____

Recertification Test: _____

Line Pressure Test
(Test Cock #1): _____ PSI

Relief Valve	Check Valve #1	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Opened At _____ PSID <input type="checkbox"/> Did Not Open Buffer _____ PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff. Pressure _____ PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff. Pressure _____ PSID	Air Inlet Opened At _____ PSID <input type="checkbox"/> Did Not Open Check Valve: <input type="checkbox"/> Leaked <input type="checkbox"/> Held At _____ PSID

Materials Used In Repairs (NC Licensed Plumber/Fire Sprinkler Contractor Only)

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Test After NC Licensed Plumber/Fire Sprinkler Contractor Repairs

<input type="checkbox"/> Opened At _____ PSID Buffer _____ PSID	<input type="checkbox"/> Closed Tight Diff. Pressure _____ PSID	<input type="checkbox"/> Closed Tight Diff. Pressure _____ PSID	Air Inlet Opened At _____ PSID Check Valve: <input type="checkbox"/> Held At _____ PSID
Shut Off Valve #1: <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Shut Off Valve #2: <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight		

Evidence of assembly submersion: YES NO (If yes, assembly shall be relocated and/or raised above the submersion level.)

ASSEMBLY: PASSED or FAILED

NOTE: All repairs on RP's must be completed within fourteen (14) calendar days, DCVA's and PVB's must be completed within twenty-one (21) calendar days.

I hereby certify that at the date and time of the test indicated, the data recorded on this Backflow Prevention Test & Maintenance Report is accurate and reflects the proper operation and maintenance of the assembly per current industry standards.

(Please Print Clearly)

Initial Test By: _____ Certification #: _____ Date: _____

Repaired By: _____ NCLP/NCFS # : _____ Date: _____

Final Test By: _____ Certification #: _____ Date: _____

Test Equipment Information:

Differential Duplex Electronic Make: _____ Model: _____ Serial #: _____

Time of Day: _____ AM / PM

Signature of Tester: _____