

**CITY OF KINGS MOUNTAIN
KINGS MOUNTAIN WATER 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** (#1 or #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 [] 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 [] CHECK VALVE: LEAKED [] HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT [] CV ASSEMBLY [] OR DISC [] O-RINGS [] SEAT [] SPRING [] STEM/GUIDE [] RETAINER [] LOCK NUTS [] OTHER []	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT [] RV ASSEMBLY [] OR DISC [] O-RINGS [] SEAT [] SPRING [] GUIDE [] DIAPHRAGM [] OTHER []	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT [] CV ASSEMBLY [] OR DISC [] O-RINGS [] SEAT [] SPRING [] STEM/GUIDE [] RETAINER [] LOCK NUTS [] OTHER []	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT [] CV ASSEMBLY [] DISC, AIR [] DISC, CV [] SPRING, AIR [] SPRING, CV [] RETAINER [] GUIDE [] O-RING [] OTHER []
<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
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:** _____

MODEL: _____ **SERIAL NO.:** _____

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

Mail to: City Of Kings Mountain Water Department
 Attn: Backflow Prevention
 P.O. Box 429
 Kings Mountain NC 28086

TIME OF TEST: _____ **DATE:** _____

TESTER: _____ **CERT.NO.:** _____