CITY OF KING'S 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)

<table>
<thead>
<tr>
<th>CHECK VALVE #1</th>
<th>RELIEF VALVE</th>
<th>CHECK VALVE #2</th>
<th>PRESSURE VACUUM BREAKER</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] LEAKED</td>
<td>OPENED AT _______ PSID</td>
<td>[ ] LEAKED</td>
<td>AIR INLET OPENED AT______ PSID</td>
</tr>
<tr>
<td>[ ] CLOSED TIGHT</td>
<td>[ ] CLOSED TIGHT</td>
<td>[ ] CLOSED TIGHT</td>
<td>DIDN'T OPEN [   ]</td>
</tr>
<tr>
<td>DIFF. PRESSURE ACROSS CHECK VALVE_______ PSID</td>
<td>BUFFER______ PSI</td>
<td>DIFF. PRESSURE ACROSS CHECK VALVE_______ PSID</td>
<td>LEAKED [   ]</td>
</tr>
<tr>
<td>[   ] CLEANED ONLY</td>
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</tr>
<tr>
<td>REPLACED: RUBBER KIT [   ] CV ASSEMBLY [   ] OR DISC [   ] O-RINGS [   ] SEAT [   ] SPRING [   ] STEM/GUIDE [   ] RETAINER [   ] LOCK NUTS [   ] OTHER [   ]</td>
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<td>DIFF. PRESSURE ACROSS CHECK VALVE_______ PSID</td>
<td>CHECK VALVE</td>
</tr>
</tbody>
</table>

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.:________________