4.19.22

**BOARD OF PUBLIC WORKS**

210 East Frederick Street, Post Office Box 64

Gaffney, South Carolina 29342

(864) 488-8800

Facsimile (864) 488-8855

“THE PEACHOID”

**BACKFLOW DEVICE TEST REPORT FORM**

Date

Device Type (please circle) **DCVA RP PVB**

Account Name / Business Name Meter Number

Account Address

Assembly Manufacturer Model Number

Serial Number Size

Assembly Location

Tested by (Print)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | CHECK # 1 | | CHECK # 2 | | Differential Pressure Relief Valve (RP) | # 2 Gate or Ball (Circle One) |
| Test Before Repairs | (Mark One)  Leaked    Closed Tight\_\_\_\_\_\_\_\_ | | (Mark One)  Leaked  Closed Tight\_\_\_\_\_\_\_\_\_ | | Opened At  lbs. Differential Pressure | (Mark One)  Leaked  Closed Tight |
| Drop Across |  | Drop Across |  |
| Repairs and  New Materials |  | |  | |  |  |
| Test after Repairs | (Mark One)  Leaked  Closed Tight\_\_\_\_\_\_\_\_\_ | | (Mark One)  Leaked  Closed Tight\_\_\_\_\_\_\_\_\_ | | Opened At  lbs. Differential Pressure | (Mark One)  Leaked  Closed Tight |
| Drop Across |  | Drop Across |  |

Above data certified to be correct.

Tester Signature Certification Number

Company Name Phone

Category: General [ ] Limited [ ] Inspector [ ]

Method of Testing

Comments