



**BACKFLOW PREVENTION ASSEMBLY FIELD TESTING AND  
MAINTENANCE REPORT**

Return to: Spartanburg Water  
C&D Department  
301 South Avenue  
Spartanburg, SC 29306  
Phone: (864) 253-9304 Fax: (864) 596-4927

Date: \_\_\_/\_\_\_/\_\_\_ Account No.: \_\_\_\_\_ Meter No.: \_\_\_\_\_  
Customer/Business Name: \_\_\_\_\_  
Customer Address: \_\_\_\_\_  
Customer Contact Person: \_\_\_\_\_ Customer Phone #: \_\_\_\_\_

Assembly Information: \_\_\_ RP \_\_\_ DCVA \_\_\_ DCDA \_\_\_ PVB  
Size: \_\_\_ Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_  
Location (hazard protected) \_\_\_\_\_

\_\_\_ Vertical \_\_\_ Horizontal Assembly By-passed \_\_\_ Yes \_\_\_ No

Comments: \_\_\_\_\_

**TEST RESULTS**

	Check No. 1	Check No. 2	Differential Relief Valve or Air Inlet	No. 1 Gate or Ball (Circle One)	No. 2 Gate or Ball (Circle One)
Test Before Repair	(Mark One) ___ Leaked ___ Shut Tight Differential Pressure ___:___	(Mark One) ___ Leaked ___ Shut Tight Differential Pressure ___:___	Open at ___:___ lbs. Differential Pressure	(Mark One) ___ Leaked ___ Shut Tight	(Mark One) ___ Leaked ___ Shut Tight
Repair And New Materials	Comments:  Date: ___/___/___	Comments:  Date: ___/___/___	Comments:  Date: ___/___/___	Comments:  Date: ___/___/___	Comments:  Date: ___/___/___
Test After Repair	(Mark One) ___ Leaked ___ Shut Tight Differential Pressure ___:___	(Mark One) ___ Leaked ___ Shut Tight Differential Pressure ___:___	Open at ___:___ lbs. Differential Pressure	(Mark One) ___ Leaked ___ Shut Tight	(Mark One) ___ Leaked ___ Shut Tight

Test Method: \_\_\_ Direction of Flow or \_\_\_ Differential Pressure  
Test Kit Used: \_\_\_ Vert. Tube or \_\_\_ Differential Model: \_\_\_\_\_

I hereby certify that the above information is correct and that the test and repairs were performed by myself as duly certified by the South Carolina Department of Health and Environmental Control as a General Tester or Limited Tester.

Tester Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_  
Certification # \_\_\_\_\_ Company \_\_\_\_\_ Phone # \_\_\_\_\_  
Category: \_\_\_ General Tester \_\_\_ Limited Tester \_\_\_ Inspector-Tester

**Owner Certification**

I hereby certify that the above assembly has been in constant use at the location in conformance with the policies of the Spartanburg Water System. I further certify that this assembly has not been removed or by-passed without notification and authorization by the Spartanburg Water System. A copy of this report has been retained in my files.

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**APPENDIX A-5**