

**NORTH CAROLINA BACKFLOW PREVENTION TESTER
TEST AND MAINTENANCE REPORT**

CUSTOMER: STUDENT NAME

STREET ADDRESS: STUDENT ADDRESS

LOCATION OF ASSEMBLY: TEST STATION #

TYPE OF ASSEMBLY: RP DC PVB SIZE: 2"

MANUFACTURER: FEBCO MODEL: 825Y SERIAL NO. 875920

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT: <u>3.5</u> PSID 2 BUFFER <u>4.5</u> PSID 7 DID NOT OPEN <input type="checkbox"/>	<input type="checkbox"/> LEAKED 5 <input checked="" type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: <u>8.0</u> PSID 6	<input type="checkbox"/> LEAKED 3 <input checked="" type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: <u>2.4</u> PSID 8	AIR INLET OPENED AT: _____ PSID DID NOT OPEN <input type="checkbox"/> CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>
OPENED AT: _____ PSID BUFFER _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
SHUT OFF VALVE #1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		SHUT OFF VALVE #2 4 <input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT	

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN THIRTY DAYS.

REMARKS: _____

I HEREBY CERTIFY THAT AT THE DATE AND TIME OF THE TEST INDICATED, THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY PER CURRENT INDUSTRY STANDARDS. I ALSO CERTIFY THAT THE #1 AND #2 SHUTOFF VALVES HAVE BEEN LEFT IN THE FULLY OPENED POSITION.

INITIAL TEST BY: Mac Merritt CERTIFIED TESTER NO. NCRWA-2009 DATE: ENTER DATE

REPAIRED BY: _____ CERTIFIED TESTER NO. _____ DATE: _____

FINAL TEST BY: _____ CERTIFIED TESTER NO. _____ DATE: _____

DOMESTIC FIRE LAWN IRRIGATION NEW TEST RECERTIFICATION TEST

WATER METER NUMBER: _____ PLUMBING PERMIT NUMBER: _____

TEST KIT DIFFERENTIAL ELECTRONIC **1** LINE PRESSURE: 55

TIME OF DAY: ENTER TIME AM PM SIGNATURE OF TESTER: Mac Merritt

**NORTH CAROLINA BACKFLOW PREVENTION TESTER
TEST AND MAINTENANCE REPORT**

CUSTOMER: STUDENT NAME

STREET ADDRESS: STUDENT ADDRESS

LOCATION OF ASSEMBLY: TEST STATION #

TYPE OF ASSEMBLY: RP DC PVB SIZE: 2"

MANUFACTURER: FEBCO MODEL: 805Y SERIAL NO. 75920

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT: _____ PSID BUFFER _____ PSID DID NOT OPEN <input type="checkbox"/>	<input type="checkbox"/> LEAKED 2 <input checked="" type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: <u>2.4</u> PSID 3	<input type="checkbox"/> LEAKED 4 <input checked="" type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: <u>2.4</u> PSID 5	AIR INLET OPENED AT: _____ PSID DID NOT OPEN <input type="checkbox"/> CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>
OPENED AT: _____ PSID BUFFER _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
SHUT OFF VALVE #1 6 <input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT	SHUT OFF VALVE #2 7 <input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT		

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN THIRTY DAYS.

REMARKS: _____

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INITIAL TEST BY: Mac Merritt CERTIFIED TESTER NO. NCRWA 2009 DATE: ENTER DATE

REPAIRED BY: _____ CERTIFIED TESTER NO. _____ DATE: _____

FINAL TEST BY: _____ CERTIFIED TESTER NO. _____ DATE: _____

DOMESTIC FIRE LAWN IRRIGATION NEW TEST RECERTIFICATION TEST

WATER METER NUMBER: _____ PLUMBING PERMIT NUMBER: _____

TEST KIT DIFFERENTIAL ELECTRONIC **1** LINE PRESSURE: 55

TIME OF DAY: ENTER TIME AM PM SIGNATURE OF TESTER: RONALD S. WEST

**NORTH CAROLINA BACKFLOW PREVENTION TESTER
TEST AND MAINTENANCE REPORT**

CUSTOMER: STUDENT NAME

STREET ADDRESS: STUDENT ADDRESS

LOCATION OF ASSEMBLY: TEST STATION #

TYPE OF ASSEMBLY: RP DC PVB SIZE: 2"

MANUFACTURER: FEBCO MODEL: 765 SERIAL NO. 875920

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT: _____ PSID BUFFER _____ PSID DID NOT OPEN <input type="checkbox"/>	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE: _____ PSID	AIR INLET 1 OPENED AT: <u>2.4</u> PSID DID NOT OPEN <input type="checkbox"/> CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT 3 <u>2.4</u> PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>
OPENED AT: _____ PSID BUFFER _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
SHUT OFF VALVE #1 4 <input type="checkbox"/> LEAKED <input checked="" type="checkbox"/> CLOSED TIGHT		SHUT OFF VALVE #2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN THIRTY DAYS.

REMARKS: _____

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INITIAL TEST BY: Mac Merritt CERTIFIED TESTER NO. NCRWA-2009 DATE: ENTER DATE

REPAIRED BY: _____ CERTIFIED TESTER NO. _____ DATE: _____

FINAL TEST BY: _____ CERTIFIED TESTER NO. _____ DATE: _____

DOMESTIC FIRE LAWN IRRIGATION NEW TEST RECERTIFICATION TEST

WATER METER NUMBER: _____ PLUMBING PERMIT NUMBER: _____

TEST KIT DIFFERENTIAL ELECTRONIC 2 LINE PRESSURE: 55

TIME OF DAY: ENTER TIME AM PM SIGNATURE OF TESTER: RONALD S. WEST