

CITY OF GEORGETOWN WATER UTILITIES
 BACKFLOW PREVENTION DEVICE TEST FORM
 Office 843-545-4500 Fax 843-520-2779

Cross Connection Category: Domestic Irrigation Fire Line Other

Date: _____

Account Name / Business Name: _____

Account Address: _____

Billing Address: _____

Account Number: _____ Meter Number: _____

Device Name: _____ Model Number: _____

Serial Number: _____ Size: _____

Device Location: _____

Tested by: _____

Test before repairs	Check Valve No. 1	Check Valve No. 2	Air Inlet or Relief Valve	# 1 Gate or Ball (circle one)	# 2 Gate or Ball (circle one)
	(mark one) leaked _____ closed tight _____	(mark one) leaked _____ closed tight _____		Opened at: _____ lbs Differential Pressure	(mark one) leaked _____ closed tight _____
	Differential Pressure	Differential Pressure			
Repairs and new materials					
Test after repairs	Check Valve No. 1	Check Valve No. 2	Air Inlet or Relief Valve	# 1 Gate or Ball (circle one)	# 2 Gate or Ball (circle one)
	(mark one) leaked _____ closed tight _____	(mark one) leaked _____ closed tight _____		Opened at: _____ lbs Differential Pressure	(mark one) leaked _____ closed tight _____
	Differential Pressure	Differential Pressure			

Above data certified to be correct

Tester Signature: _____ Certification Number: _____

Company Name: _____ Company Telephone Number: _____

Category: _____ General _____ Limited _____ Inspector Tester

Method of Testing: _____ Test Kit Used: _____

Comments: _____

