## BACKFLOW PREVENTION ASSEMBLY
### TEST AND MAINTENANCE REPORT

**CUSTOMER:**

**ASSET #:**

**SERVICE ADDRESS:**

**ACCOUNT #:**

**LOCATION OF ASSEMBLY:**

**TYPE OF ASSEMBLY:**
- RP
- DC
- PVB

**MANUFACTURE:**

**MODEL:**

**LINE PRESSURE:**

**SERIAL NO.:**

**SIZE:**

---

### RELIEF VALVE

<table>
<thead>
<tr>
<th>OPENED AT:</th>
<th>PSID</th>
<th>CHECK VALVE #1</th>
<th>LEAKED</th>
<th>CLOSED TIGHT</th>
<th>DIFF. PRESSURE ACROSS CHECK VALVE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUFFER</td>
<td>PSID</td>
<td>CHECK VALVE #2</td>
<td>LEAKED</td>
<td>CLOSED TIGHT</td>
<td>DIFF. PRESSURE ACROSS CHECK VALVE:</td>
</tr>
</tbody>
</table>

### CHECK VALVE #1

<table>
<thead>
<tr>
<th>OPENED AT:</th>
<th>PSID</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUFFER</td>
<td>PSID</td>
</tr>
</tbody>
</table>

### CHECK VALVE #2

<table>
<thead>
<tr>
<th>OPENED AT:</th>
<th>PSID</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUFFER</td>
<td>PSID</td>
</tr>
</tbody>
</table>

### PRESSURE VACUUM BREAKER

<table>
<thead>
<tr>
<th>OPENED AT:</th>
<th>PSID</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUFFER</td>
<td>PSID</td>
</tr>
</tbody>
</table>

### RELIEF VALVE

- **OPENED AT:**
  - PSID
- **BUFFER:**
  - PSID
- **DID NOT OPEN:**

### CHECK VALVE #1

- **LEAKED:**
- **CLOSED TIGHT:**
- **DIFF. PRESSURE ACROSS CHECK VALVE:**

### CHECK VALVE #2

- **LEAKED:**
- **CLOSED TIGHT:**
- **DIFF. PRESSURE ACROSS CHECK VALVE:**

### PRESSURE VACUUM BREAKER

- **OPENED AT:**
  - PSID
- **BUFFER:**
  - PSID
- **DID NOT OPEN:**
- **CHECK VALVE:**
  - LEAKED
- **HELD AT:**

### CLEANED ONLY

- REPLACED:
  - RUBBER KIT
  - RV ASSEMBLY
  - CV ASSEMBLY

### CLEANED ONLY

- REPLACED:
  - RUBBER KIT
  - CV ASSEMBLY

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**REMARKS:**

**PASS:**

**FAIL:**

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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:**

**CERTIFIED TESTER NO.:**

**DATE:**

**REPAIRED BY:**

**CERTIFIED TESTER NO.:**

**DATE:**

**FINAL TEST BY:**

**CERTIFIED TESTER NO.:**

**DATE:**

**TEST KIT MANUF.:**

**MODEL:**

**CALIBRATION DATE:**

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**DATE & TIME:**

**SIGNATURE OF TESTER:**

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Effective Date: 03/17/2014
Revision#0

Associated Procedure: ESCCA – 0009.446
Revision Date: 3/17/14
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