

Eastern Pines Water Corporation
 5442 Eastern Pines Road
 Greenville, N.C. 27858
 (252) 752-7420 Phone or (252) 757-0859 Fax

Backflow Prevention Assembly Test Form

Location of Assembly: _____

Type: _____ Manufacturer: _____ Model: _____ Size: _____ Serial No. _____

Name of Owner: _____

Mailing Address: _____

City: _____ State: NC Zip Code: _____

Tester: _____ Certification No: _____ Date: _____ Time: _____

Type of Service: _____ New Test: Recertification Test:

Line Pressure: _____ Test Kit: _____ Serial No: _____

Calibration Date: _____

No.1 Check Valve	No. 2 Check Valve	Relief Valve	Pressure Vacuum Breaker
<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	Opened at ____ PSID	Air Inlet ____ PSID <input type="checkbox"/> Did not open Check Valve ____ PSID <input type="checkbox"/> Leaked
<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: ____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: ____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: ____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: ____
Closed Tight at ____ PSID	Closed Tight at ____ PSID	Opened at ____ PSID	Air Inlet ____ PSID Check Valve ____ PSID
Shut Off Valve #1 _____ Leaked	Shut Off Valve #1 _____ Closed Tight	Buffer: _____	Shut Off Valve #2 _____ Leaked _____ Closed Tight

Comments: _____

This Assembly : **PASSED** **FAILED**

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

 (Signature of Licensed Tester)

 (Date)

All repairs must be made within 10 business days.

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