

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.\*