

**TOWN OF ELKIN**  
**BACKFLOW - PREVENTION**  
 "a community-environmental health protection program"  
**DEVICE TEST DATA AND MAINTENANCE REPORT**

|   |  |  |  |                    |                |       |
|---|--|--|--|--------------------|----------------|-------|
| BUSINESS NAME:                                  |  |  | IRRIGATION   | DOMESTIC           | FIRE           | OTHER |
| MAILING ADDRESS:                                |  |  |  |                    |                |       |
| SERVICE ADDRESS:                                |  |  |  | METER #:           | METER READING: |       |
| LOCATION OF DEVICE:                             |  |  |  | INSTALLATION DATE: |                |       |
| DEVICE TYPE                                     | MANUFACTURER   | MODEL  | SIZE   | SERIAL #           |                |       |
| DATE:   | TIME<br>AM                      PM   | LINE PRESSURE AT<br>TIME OF TEST:<br><br>LBS                                   | PRESSURE DROP ACROSS<br>FIRST CHECK VALVE:<br><br>LBS  |                    |                |       |
|   | CHECK VALVE NO. 1  | CHECK VALVE NO. 2  | DIFFERENTIAL PRESSURE<br>RELIEF VALVE  |                    |                |       |
| INITIAL TEST                                    | 1. Leaked <input type="checkbox"/><br>2. Closed tight <input type="checkbox"/> | 1. Leaked <input type="checkbox"/><br>2. Closed tight <input type="checkbox"/> | 1. Opened at _____ lbs.<br>1. Reduced pressure. <input type="checkbox"/><br>2. Did not open <input type="checkbox"/> |                    |                |       |
| <b>R<br/>E<br/>P<br/>A<br/>I<br/>R<br/>S</b>    | Cleaned <input type="checkbox"/>   | Cleaned <input type="checkbox"/>   | Cleaned <input type="checkbox"/>   |                    |                |       |
|   | Replaced:<br>Disc <input type="checkbox"/>                                     | Replaced:<br>Disc <input type="checkbox"/>                                     | Replaced:<br>Disc, upper <input type="checkbox"/>  |                    |                |       |
|   | Spring <input type="checkbox"/>  | Spring <input type="checkbox"/>  | Disc, lower <input type="checkbox"/>   |                    |                |       |
|   | Guide <input type="checkbox"/>   | Guide <input type="checkbox"/>   | Spring <input type="checkbox"/>  |                    |                |       |
|   | Pin retainer <input type="checkbox"/>  | Pin retainer <input type="checkbox"/>  | Diaphragm, large<br>Upper <input type="checkbox"/>   |                    |                |       |
|   | Hinge pin <input type="checkbox"/>   | Hinge pin <input type="checkbox"/>   | Lower <input type="checkbox"/>   |                    |                |       |
|   | Seal <input type="checkbox"/>  | Seal <input type="checkbox"/>  | Diaphragm, small<br>Upper <input type="checkbox"/>   |                    |                |       |
|   | Diaphragm <input type="checkbox"/>   | Diaphragm <input type="checkbox"/>   | Lower <input type="checkbox"/>   |                    |                |       |
|   | Other, describe  | Other, describe  | Spacer, lower <input type="checkbox"/><br>Other, describe  |                    |                |       |
| FINAL TEST                                      | Closed tight <input type="checkbox"/>  | Closed tight <input type="checkbox"/>  | Opened at _____ lbs.<br>reduced pressure.  |                    |                |       |
| ACCESSIBILITY:                                  | Good <input type="checkbox"/>  | Fair <input type="checkbox"/>  | Poor <input type="checkbox"/>  |                    |                |       |
| Remarks:  |  |  |  |                    |                |       |
| <b>THE ABOVE REPORT IS CERTIFIED TO BE TRUE</b> |  |  |  |                    |                |       |
| RETURN REPORT TO:                               |  |  | TESTED BY:   |                    |                |       |
| TOWN OF ELKIN                                   |  |  | REPAIRED BY:   |                    |                |       |
| WATER DEPARTMENT                                |  |  | FINAL TEST BY:   |                    |                |       |
| BACKFLOW PREVENTION SECTION                     |  |  | CERTIFICATION #:   |                    |                |       |
| 125 CARTER MILL ROAD                            |  |  | DATE:  |                    |                |       |
| ELKIN NC 28621                                  |  |  | TEST KIT S/N   |                    |                |       |
| PHONE (336) 794-6480 Fax (336) 794-6493         |  |  | CALIBRATION DATE   |                    |                |       |
|   |  |  | MODEL  |                    |                |       |

\_\_\_\_\_ Existing    \_\_\_\_\_ Replaced    \_\_\_\_\_ New