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Backflow Test and Maintenance Report

CUSTOMER: _____ BUSINESS NAME: _____

STREET ADDRESS: _____

LOCATION OF ASSEMBLY: _____

TYPE OF ASSEMBLY: RP DC PVB SIZE: _____

MANUFACTURER: _____ MODEL: _____ SERIAL NO.: _____

RELIEF VALVE	CHECK VALVE # 1	CHECK VALVE # 2	PRESSURE VACUUM BREAKER
OPENED AT: _____ PSID BUFFER _____ PSID <input type="checkbox"/> DID NOT OPEN	<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	AIR INLET OPENED AT: _____ PSID <input type="checkbox"/> DID NOT OPEN <input type="checkbox"/> CHECK VALVE LEAKED HELD AT: _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> RV ASSEMBLY	<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> CV ASSEMBLY	<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> CV ASSEMBLY	<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> RUBBER KIT <input type="checkbox"/> CV ASSEMBLY
OPENED AT: _____ PSID BUFFER _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ PSID	AIR INLET _____ PSID CHECK VALVE _____ PSID
SHUT OFF VALVE # 1 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		SHUT OFF VALVE # 2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN THIRTY (30) DAYS.

REMARKS: _____

I hereby certify that at the date and time of the indicated, this data is accurate and reflects proper operation and maintenance of the assembly per current industry standards. I also certify that the # 1 and # 2 shut off valves have been left in the fully opened position.

INITIAL TEST BY: _____ CERTIFIED TESTER NO.: _____ DATE: _____

FINAL TEST BY: _____ CERTIFIED TESTER NO.: _____ DATE: _____

DOMESTIC FIRE LAWN IRRIGATION NEW TEST RECERTIFICATION TEST

WATER METER NUMBER: _____ PLUMBING PERMIT NUMBER: _____

TEST KIT: DIFFERENTIAL ELECTRONIC SERIAL # _____ LINE PRESSURE: _____

TIME OF DAY: _____ A.M. P.M. SIGNATURE OF TESTER: _____

COMPANY _____ PRINT NAME: _____