



Town of Stanley
Po Box 279; Stanley NC 28164
704-263-4779 or 704-201-3992, Fax: 704-263- 9699

Backflow Prevention Assembly Test Form

Premises Number: _____

Location of Assembly: _____

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

Name of Owner: _____

Mailing Address: _____

City, State & 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 VAVLE	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 <div style="display: flex; justify-content: space-between;"> Leaked Closed Tight </div>	Buffer:	Shut Off Valve #2 <div style="display: flex; justify-content: space-between;"> Leaked Closed Tight </div>	

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 and Date)

*All Repairs must be made within 10 Business Days