

DARLINGTON COUNTY WATER & SEWER AUTHORITY

BACKFLOW DEVICE TEST REPORT FORM

Date: _____

Account Name/Business Name: _____

Account Address: _____

Account Number: _____ Meter Number: _____

Device Name: _____ Model Number: _____

Serial Number: _____ Size: _____

Device Location: _____

Tested by: _____

	Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked: _____ Closed Tight: _____	(Mark One) Leaked: _____ Closed Tight: _____	Opened at _____ Lbs Differential Pressure	(Mark One) Leaked: _____ Closed Tight: _____	(Mark One) Leaked: _____ Closed Tight: _____
	Differential Pressure	Differential Pressure			
Repairs And New Materials					
Test After Repairs	(Mark One) Leaked: _____ Closed Tight: _____	(Mark One) Leaked: _____ Closed Tight: _____	Opened at _____ Lbs Differential Pressure	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
	Differential Pressure	Differential Pressure		(Mark One) Leaked: _____ Closed Tight: _____	(Mark One) Leaked: _____ Closed Tight: _____

Above Data Certified to be correct:

Tester Signature: _____ Certification Number: _____

Company Name: _____

Company Telephone Number: _____

Category: _____ General _____ Limited _____ Inspector Tester

Method of Testing: _____ Test Kit Used: _____

Comments: _____

