



# Town of Ayden

Water Resources Department

PO Box 219, Ayden, NC 28513

(252) 481-5833 or (252) 378-5145 Fax (252) 558-0474

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## 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 _____ Leaked _____ Closed Tight	_____ Leaked _____ 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 and Date)

\*All Repairs must be made within 10 Business Days