

BACKFLOW TEST FORM

PLEASE RETURN THIS FORM TO:
CEREDO WATER WORKS

Fax: (304) 908-9670 **Phone:** (304) 453-4675 **Email:** backflow@ceredovv.gov

Account No.	Premise No.
LOCATION INFORMATION	DEVICE INFORMATION
Customer:	Type of Assembly:
Address:	Serial No. Size:
	MFG/Model No.
Type of Service:	Water Meter No.
Location of Device:	Isolation Containment
New Assembly YES NO	New Serial No.

TEST MEASUREMENTS

	DC		RP	PVB/SVB
	CHECK VALVE #1	CHECK VALVE #2	Pressure Diff. Relief Valve	Air Inlet
INITIAL: Date: _____ Time: _____ Line Pressure: _____	Held at _____ PSID Closed Tight Leaked #2 Shut Off Valve Closed Tight? YES NO	Held at _____ PSID Closed Tight Leaked #2 Shut Off Valve Closed Tight? YES NO	Opened at _____ PSID Did NOT Open Did NOT Open	Opened at _____ PSID Did NOT Open Check Valve Held _____ PSID
INITIAL: Date: _____ Time: _____ Line Pressure: _____	Held at _____ PSID Closed Tight Leaked #2 Shut Off Valve Closed Tight? YES NO	Held at _____ PSID Closed Tight Leaked #2 Shut Off Valve Closed Tight? YES NO	Opened at _____ PSID Did NOT Open Did NOT Open	Opened at _____ PSID Did NOT Open Check Valve Held _____ PSID
AIR GAP: Measured vertical inches above overflow rim _____ Supply size diameter _____				

COMMENTS (including maintenance preformed)

TESTER INFORMATION

INITIAL	Tester Name	Company
	Signature	Certified Tester No.
	Testing Equipment Calibration Date:	PASS FAIL
	Testing Equipment Serial Number:	
FINAL	Tester Name	Company
	Signature	Certified Tester No.
	Testing Equipment Calibration Date:	PASS FAIL
	Testing Equipment Serial Number:	

Please complete this form, in full and return to: backflow@ceredovv.gov or fax (304) 908-9670

BACKFLOW TEST FORM – TO BE COMPLETED BY A QUALIFIED TESTER

The above report is certified to be true at the time of test.