

Backflow Prevention Device Test Form
City of Georgetown Water Utilities **Office Fax: 843-520-2779**
2377 Anthuan Maybank Drive, Georgetown SC 29440 **Office Phone: 843-545-4500**



Cross Connection Category: Domestic Irrigation Fire Line Other

Date: _____ Tested By: _____

Account Name/Business Name: _____

Account Address: _____

Billing Address: _____

Account Number: _____ Meter Number: _____

Device Name: _____ Model Number: _____

Serial Number: _____ Size: _____

Device Location: _____

Test Before Repairs	Check Valve No. 1	Check Valve No. 2	Air Inlet or Relief Valve	#1 Gate or Ball (circle one)	#2 Gate or Ball (circle one)
	(mark one)	(mark one)		(mark one)	(mark one)
	Leaked _____	Leaked _____	Opened at: _____ lbs.	Leaked _____	Leaked _____
	Closed tight _____	Closed tight _____		Closed tight _____	Closed tight _____
	Differential Pressure	Differential Pressure	Differential Pressure		
Repairs and new materials					
Test After Repairs	Check Valve No. 1	Check Valve No. 2	Air Inlet or Relief Valve	#1 Gate or Ball (circle one)	#2 Gate or Ball (circle one)
	(mark one)	(mark one)		(circle one)	(circle one)
	Leaked _____	Leaked _____	Opened at: _____ lbs.	Leaked _____	Leaked _____
	Closed tight _____	Closed tight _____		Closed tight _____	Closed tight _____
	Differential Pressure	Differential Pressure	Differential Pressure		

*Above data certified to be correct **Pass** _____ **Fail** _____

Tester Signature: _____ Certification Number: _____

Company Name: _____ Company Telephone Number: _____

Category: _____ (General) _____ (Limited) _____ (Inspector Tester)

Method of Testing: _____ Test Kit Used: _____

Comments: _____

