



**TOWN of MOORESVILLE**  
**BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT**

Customer: \_\_\_\_\_

Address of Property \_\_\_\_\_

Mailing Address \_\_\_\_\_

Meter Number or Ert Number (Required) \_\_\_\_\_ Service Number \_\_\_\_\_

**PLUMBING PERMIT NUMBER (REQUIRED FOR ALL INSTALLATIONS)** \_\_\_\_\_

Type of Service: Dom: [ ] Irrigation: [ ] Fire Line: [ ] Bypass: [ ] Combination Dom & F. L. [ ]

Type of Assembly: RP: [ ] DC: [ ] PVB: [ ] DUAL: [ ] Size of Assembly: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Location of Assembly: \_\_\_\_\_ Line Pressure \_\_\_\_\_

Containment at meter [ ] At Branch [ ] Isolation [ ] New Test [ ] Recertification Test [ ]

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker	Dual Check
[ ] Leaked	Opened at _____psid	[ ] Leaked	Air inlet opened at _____psid	Replaced Valve [ ]
[ ] Closed Tight	Did Not open [ ]	[ ] Closed Tight	Didn't open [ ] Check Valve Leaked [ ]	
Diff. pressure across check Valve _____psid	Buffer _____psid	Diff. pressure across check Valve _____psid	Held at _____psid	
[ ] Cleaned Only	[ ] Cleaned Only	[ ] Cleaned Only	[ ] Cleaned Only	[ ] Cleaned Only
Replaced: [ ] Rubber Kit [ ] CV Assembly [ ] Disc [ ] O-Rings [ ] Seat [ ] Spring [ ] Stem/Guide [ ] Retainer [ ] Lock Nuts [ ] Other [ ]	Replaced: [ ] Rubber Kit [ ] RV Assembly [ ] Disc [ ] O-Rings [ ] Seat [ ] Spring [ ] Guide [ ] Diaphragm [ ] Other [ ]	Replaced: [ ] Rubber Kit [ ] CV Assembly [ ] Disc [ ] O-Rings [ ] Seat [ ] Spring [ ] Stem/Guide [ ] Retainer [ ] Lock Nuts [ ] Other [ ]	Replaced: [ ] Rubber Kit [ ] CV Assembly [ ] Disc, Air [ ] Disc, CV [ ] Spring, Air [ ] Spring, CV [ ] Retainer [ ] Guide [ ] O-Ring [ ] Other [ ]	Replaced: [ ] Check Modules/Check Assembly [ ] O-Rings [ ] Washers [ ]
SHUT-OFF #1: Leaked [ ] Held Tight [ ]		SHUT-OFF #2 Leaked [ ] Held Tight [ ]		

**Assembly: PASSED [ ] or FAILED [ ]** **NOTE: All repairs must be completed within ten (10) days.**

Remarks: \_\_\_\_\_

KIT: Diff. [ ] Dupl. [ ] Elec. [ ] Manufacturer: \_\_\_\_\_ Model \_\_\_\_\_ Serial No: \_\_\_\_\_

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

Time of Test: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tester (PRINT) \_\_\_\_\_

Tester Phone Number \_\_\_\_\_

Certification No: \_\_\_\_\_

Mail to: Town of Mooresville  
 Backflow Department  
 2523 CHARLOTTE HWY.  
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 mboliek@moorevillenc.gov