Telephone: 843-549-2545
Fax: 843-549-9795
TDD Relay: 1-800-735-2905

# City of Walterboro

242 Hampton Street
Walterboro, South Carolina 29488

Mailing Address:
Post Office Box 709
Walterboro, South Carolina 29488-0008

## 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 (PRINT):_____

| | Check No. 1 | | Check No. 2 | | Air-Inlet Valve or Relief Valve | #1 Gate or Ball (Circle One) | #2 Gate or Ball (Circle One) |
|---|---|---|---|---|---|---|---|
| Test Before Repairs | (Mark One)<br>Leaked _____<br>Closed Tight _____ | | (Mark One)<br>Leaked _____<br>Closed Tight _____ | | Opened at _____ lbs. Differential Pressure | (Mark One)<br>Leaked _____<br>Closed Tight _____ | (Mark One)<br>Leaked _____<br>Closed Tight _____ |
| | Diff Press | | Diff Press | | | | |
| Repairs and New Materials | | | | | | | |
| Test After Repairs | (Mark One)<br>Leaked _____<br>Closed Tight _____ | | (Mark One)<br>Leaked _____<br>Closed Tight _____ | | Opened at _____ lbs. Differential Pressure | (Mark One)<br>Leaked _____<br>Closed Tight _____ | (Mark One<br>Leaked _____<br>Closed Tight _____ |
| | Diff Press | | Diff Press | | | | |

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: _____

_____

_____