

**TOWN OF STOKESDALE  
BACKFLOW TEST AND MAINTENANCE REPORT**

CUSTOMER: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 LOCATION OF ASSEMBLY: \_\_\_\_\_  
 CONNECTION# \_\_\_\_\_ WBF# \_\_\_\_\_ PERMIT # \_\_\_\_\_  
 (Tag on Water Meter)

TYPE OF ASSEMBLY: RPA RPDA MRPA MRPDA DCA DCDA MDCA MDCDA PVB

MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL NO: \_\_\_\_\_ SIZE: \_\_\_\_\_

RELIEF VALVE	CHECK VALVE#1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
Opened at: _____ PSID  Did Not Open <input type="checkbox"/> BUFFER _____ PSID	<input type="checkbox"/> Leaked  <input type="checkbox"/> Closed Tight _____ PSID	<input type="checkbox"/> Leaked  <input type="checkbox"/> Closed Tight _____ PSID	Air Inlet Opened at: _____ PSID Did Not Open <input type="checkbox"/> CV Leaked <input type="checkbox"/> Held at _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly <input type="checkbox"/> Other: _____	<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____	<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____	<input type="checkbox"/> CLEANED ONLY REPLACED: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____
Opened at _____ PSID Buffer: _____ PSID	<input type="checkbox"/> Closed tight _____ PSID	<input type="checkbox"/> Closed tight _____ PSID	AIR INLET: _____ PSID CHECK VALVE: _____ PSID
<b>SHUT OFF VALVE #1</b> <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight		<b>SHUT OFF VALVE #2</b> <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ASSEMBLY PASSED  ASSEMBLY FAILED

NOTE: ALL REPAIRS MUST BE COMPLETED WITHIN 10 DAYS

CLASS: Residential  Multi-Family  Industrial  Commercial  Government

USE: Domestic  Fireline  Lawn Irrigation  Combination  (Fire & Domestic)

TYPE OF TEST: New Test  Recertification Test

TEST KIT:  Differential  Electronic TEST KIT S/N \_\_\_\_\_ MFGR: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ AM  PM  Line Pressure: \_\_\_\_\_ PSI

SIGNATURE OF TESTER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_

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

Town of Stokesdale  
 PO Box 465  
 Stokesdale, NC 27357  
 Phone: 336-643-4011/Fax: 336-643-4016

TOS Backflow Test Form 2010