

## 180.02.04 – BACKFLOW PREVENTION DEVICE TESTING FORM



Public Utilities Department  
 134 N Main Street  
 Fuquay-Varina, NC 27526  
 Phone: 919-753-1028  
 Email Completed Form To: [pwalsh@fuquay-varina.org](mailto:pwalsh@fuquay-varina.org)

Initial Test Date:
Final Test Date:

Site Name and Address:	Owner Name and Address:
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Location of Device:

See Section 130 for additional information on backflow prevention device installation and testing.

Date Installed:	Type of Device:	Size of Device:
Name of Installer:	Plumbing Co.:	Plumbers Lic. No.:
Manufacturer:	Model No.:	Serial No.:

	Check Valve No. 1	Check Valve No. 2	Relief Valve
Initial Test	Held at _____ psid <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Held at _____ psid <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Held at _____ psid <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight
Final Test	Held at _____ psid <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Held at _____ psid <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	Held at _____ psid <input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight
Actions Taken	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced Disc <input type="checkbox"/> Replaced Spring <input type="checkbox"/> Replaced Guide <input type="checkbox"/> Replaced Pin Retainer <input type="checkbox"/> Replaced Hinge Pin <input type="checkbox"/> Replaced Seat <input type="checkbox"/> Replaced Diaphragm	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced Disc <input type="checkbox"/> Replaced Spring <input type="checkbox"/> Replaced Guide <input type="checkbox"/> Replaced Pin Retainer <input type="checkbox"/> Replaced Hinge Pin <input type="checkbox"/> Replaced Seat <input type="checkbox"/> Replaced Diaphragm	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced Disc <input type="checkbox"/> Replaced Spring <input type="checkbox"/> Replaced Guide <input type="checkbox"/> Replaced Pin Retainer <input type="checkbox"/> Replaced Hinge Pin <input type="checkbox"/> Replaced Seat <input type="checkbox"/> Replaced Diaphragm

Testing Company:	Tester:
CCCDI No.:	Plumbing Lic. No.:
Test Kit:	Calibration Date:

Comments: \_\_\_\_\_

Final Results (check one):   Pass [ ]   Fail [ ]

Tester's Signature:	Date:	Time:
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