

City of Newberry  
 Utility Department  
 Backflow Test Results  
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 Phone (803)321-1018 Fax (803)321-2609

## Backflow Prevention Assembly Test & Maintenance Form

Owner of Property \_\_\_\_\_ Customer File # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Test Date \_\_\_\_\_  
 \_\_\_\_\_  
 (CITY) (ST) (ZIP) Make: \_\_\_\_\_ Model: \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Size: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Assembly Address \_\_\_\_\_ Exact Location: \_\_\_\_\_  
 \_\_\_\_\_  
 (CITY) (ST) (ZIP)

Line PSI _____	Reduced Pressure Backflow Preventer			Pressure Vacuum Breaker Spill Resistant Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Check Valve	Air Inlet
	Check Valve No. 1	Check Valve No. 2			
<b>Initial Test</b> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b> <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>
Repairs					
<b>Final Test</b> <b>PASS</b>	Closed Tight <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at _____PSID

☐ Condition of No. 2 Shutoff Valve: Closed Tight ☐ Leaked ☐
 Water Service Restored Yes ☐ No ☐

Notes: \_\_\_\_\_

Certification: On this date, the above device was tested per applicable codes and the required performance standards.

Test Type		Gauge Ser. No.		Tester Name	
Testing Firm Name				Tester Certification No.	
Testing Firm Address				Testing Firm Phone #	

Tester Signature: \_\_\_\_\_

Date: \_\_\_\_\_