

TO: City of Newberry
 PO Box 538
 Newberry, SC 29108

City of Newberry
 Utility Department
 Backflow Prevention Test Report

ATTN: Utility Department/Backflow

Date: _____

Customer Name/Business Name: _____

Customer File #: _____

Customer Address: _____

Meter #: _____

Device Name: _____

Model: _____

Size: _____

Device Serial #: _____

Tested By: _____

Device Location: _____

	Check No. 1	Check No. 2	Differential Pressure Relief Valve	# 1 Gate or Ball (Circle One)	# 2 Gate or Ball (Circle One)
Test Before Repairs	Leaked Closed Tight (Circle One)	Leaked Closed Tight (Circle One)	Opened at _____ lbs. Differential Pressure	Leaked Closed Tight (Circle One)	Leaked Closed Tight (Circle One)
Drop Across			XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX
Repairs and New Parts					

	Check No. 1	Check No. 2	Differential Pressure Relief Valve	# 1 Gate or Ball (Circle One)	# 2 Gate or Ball (Circle One)
Test After Repairs	Leaked Closed Tight (Circle One)	Leaked Closed Tight (Circle One)	Opened at _____ lbs. Differential Pressure	Leaked Closed Tight (Circle One)	Leaked Closed Tight (Circle One)
Drop Across			XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX
Notes					

Above data certified to be correct.

Tester Signature: _____

Certification #: _____

Company Name/Telephone: _____

Category (circle one): General Limited

Inspector Tester

Method of Testing: _____

Test Kit Used: _____

Comments: _____