

BACKFLOW TESTING AND MAINTENANCE REPORT

Customer's Name: _____ Size: _____ Model: _____
Address: _____
Business: _____
Backflow Device Type: _____
Backflow Manufacturer: _____
Backflow Serial Number: _____
Water Meter Serial Number: _____ Test Due Date: _____

Check only one per form:

DOMESTIC ☐
FIRE ☐
IRRIGATION/SPRINKLING ☐

INSTRUCTIONS FOR APPROVED TESTERS: All applicable information must be typed or clearly printed. Failure to complete this form accurately will result in rejection of the test form and possibly result in water service termination. Please attach a copy of your certification.

FACTORY AIR GAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Measured vertical inches above overflow rim:	Supply size diameter:
<input type="checkbox"/> Reduced Pressure Principle Backflow Prevention Assembly (RPZ)			
<input type="checkbox"/> Double Check Valve Backflow Prevention Assembly (DC)			
Static Line Pressure: _____ PSID	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE
Pass or Fail (circle one) Initial Test of Device Date ____/____/____	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight _____ PSID (RPZ)	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	<input type="checkbox"/> Opened at _____ PSID <input type="checkbox"/> Did Not Open
Maintenance of Device (Describe Repair) Date ____/____/____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Material Used _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Material Used _____	<input type="checkbox"/> Cleaned <input type="checkbox"/> Repaired Material Used _____
Changed or New Device Installed (Must be tested on line)	<input type="checkbox"/> DC Size: _____ Model: _____ Ser #: _____ Manuf. _____	<input type="checkbox"/> RPZ Size: _____ Model: _____ Ser #: _____ Manuf. _____	
Pass or Fail (circle one) Final Test of Device Date ____/____/____	<input type="checkbox"/> Closed Tight _____ PSID (RPZ)	<input type="checkbox"/> Closed Tight	Opened at _____ PSID

REMARKS: _____

DEVICE LOCATION: _____

CERTIFICATION - Tester

I hereby certify the above data to be correct and that the above backflow prevention assembly is in proper operating condition.

Tester (Signature): _____

Test Date: _____

Tester (Print): _____

Cert. No. _____

Company Name: _____

Phone: _____

Test Kit Used: _____

Date Gauge Calibrated: _____

PLEASE RETURN ORIGINAL TO:
NEW WILMINGTON MUNICIPAL AUTHORITY
134 High St., New Wilmington, PA 16142
Ph. (724) 946-8167 or Fax (724) 946-8841
info@nwborow.com

****Your Anniversary Date is: _____. Please mark your calendar as this is
the date your backflow device will be required to be tested each year. Thank you!**