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BACKFLOW DEVICE TEST REPORT FORM

Date _____ Device Type (please circle) **DCVA** **RP** **PVB**

Account Name / Business Name _____ Meter Number _____

Account Address _____

Assembly Manufacturer _____ Model Number _____

Serial Number _____ Size _____

Assembly Location _____

Tested by (Print) _____

	CHECK # 1	CHECK # 2	Differential Pressure Relief Valve (RP)	# 2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____	Opened At _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____
	Drop Across _____	Drop Across _____		
Repairs and New Materials				
Test after Repairs	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____	Opened At _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____
	Drop Across _____	Drop Across _____		

Above data certified to be correct.

Tester Signature _____ Certification Number _____

Company Name _____ Phone _____

Category: General [] Limited [] Inspector []

Method of Testing _____

Comments _____