

The Town of Lexington
 Utilities Department
 P.O. Box 397
 Lexington, SC 29071

Phone 803-951-4651

Fax 803-358-1535

BACKFLOW DEVICE TEST REPORT FORM

Date: _____

Account Name/Business Name: _____

Account Address: _____

Account Number: _____ Meter Number: _____

Device Name: _____ Model Number: _____

Serial Number: _____ Size: _____

Device Location: _____

Tested by (PRINT): _____

	Check No. 1	Check No. 2	Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#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 _____	(Mark One) Leaked _____ Closed _____ Tight _____
	Diff Press _____	Diff Press _____			
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 _____	(Mark One) Leaked _____ Closed _____ Tight _____
	Diff Press _____	Diff Press _____			

Above data certified to be correct.

CIRCLE: DEVICE PASSED OR FAILED

Tester Signature: _____ Certification Number: _____

Company Name: _____ Company Telephone Number: _____

Category: _____ General _____ Limited _____ Inspector Tester

Method of Testing: _____ Test Kit Used: _____

Comments: _____
