

BCWS FIELD TESTING AND MAINTENANCE REPORT FOR BACKFLOW PREVENTION ASSEMBLIES

PASSED

THIS FORM MUST BE FILLED OUT COMPLETELY

FAILED

DATE: _____ **ACCOUNT NAME/BUSINESS NAME:** _____

SERVICE ADDRESS: _____

ACCOUNT NO.: _____ **METER NO.:** _____

ASSEMBLY NAME: _____ **MODEL NO.:** _____ **SIZE:** _____ **SERIAL NO.:** _____

ASSEMBLY LOCATION (SPECIFY): _____

BACKFLOW PREVENTION ASSEMBLY TYPE: PVB _____ DCVA _____ RP _____ AIR-GAP _____

	Check Valve No. 1	Check Valve No. 2	Relief Valve or Air-Inlet Valve	#1 Shutoff Valve	#2 Shutoff Valve
Test Before Repairs	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____	Opened At Differential Pressure _____ PSI	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
	Differential Pressure _____ PSI	Differential Pressure _____ PSI		(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
Repairs and New Materials					
Test After Repairs	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____	Opened At Differential Pressure _____ PSI	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
	Differential Pressure _____ PSI	Differential Pressure _____ PSI		(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____

TESTER AFFIDAVIT

Test must be a general, limited, or inspector tester duly certified by the South Carolina Department of Health and Environmental Control and approved by BCWS. Repair materials used must be original manufacturer's parts. I have provided a copy of this report to the customer and am responsible for sending the original passing or failing report to BCWS Cross Connection Control Department within (7) days of testing the assembly. I hereby certify that the above testing and/or repair was performed by myself, _____ and the information is correct.

Please send email to: dan.scantland@berkeleycountysc.gov

CHECK CATEGORY: GENERAL _____ LIMITED _____ **INSPECTOR TESTER** _____ **DHEC CERT. NO.** _____

COMPANY NAME: _____ **COMPANY TELEPHONE:** _____

TESTED BY (PRINT) _____	DATE: _____	TIME: _____
METHOD OF TESTING: _____	TEST KIT USED: _____	
REPAIRED/TESTED BY: _____	DATE: _____	TIME: _____
INSTALLED BY: _____	DATE: _____	TIME: _____
<input type="checkbox"/> IS THIS A NEW ASSEMBLY? IF YES, CHECK BLOCK AND PROVIDE MAKE, MODEL, SIZE AND SERIAL NO. OF ASSEMBLY REMOVED: _____		