



Charlotte County Utilities

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 Return to: CCUBackflow@charlottecountyfl.gov
www.charlottecountyfl.gov/dept/utilities
 Delivering Exceptional Service

BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT

Customer _____

Street Address _____

Location of Assembly _____

Potable Fireline Irrigation Water Meter No. _____

Type of Assembly: RP DC DDC PVB AVB DUC SIZE

BF Manufacturer: _____ Model: _____ Serial No. _____

Gauge Manf: _____ Serial No. _____ Date Calibrated: _____

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
leaked or <input type="checkbox"/>	opened at _____ psi	leaked or <input type="checkbox"/>	<i>Air Inlet</i> : Did not open <input type="checkbox"/>
closed tight <input type="checkbox"/>	or did not open <input type="checkbox"/>	closed tight <input type="checkbox"/>	or held at _____ psi
differential pressure across check valve _____ psi	Outlet shut-off valve: leaked <input type="checkbox"/>	OPTIONAL TEST differential pressure across check valve _____ psi	Check Valve: Leaked <input type="checkbox"/>
closed tight <input type="checkbox"/>	closed tight <input type="checkbox"/>	or held at _____ psi	or held at _____ psi
Cleaned only <input type="checkbox"/>	RV Cleaned only <input type="checkbox"/>	Cleaned only <input type="checkbox"/>	Cleaned only <input type="checkbox"/>
Replaced:	Replaced:	Replaced:	Replaced:
rubber kit <input type="checkbox"/>	RV rubber kit <input type="checkbox"/>	rubber kit <input type="checkbox"/>	rubber kit <input type="checkbox"/>
CV assembly <input type="checkbox"/>	RV assembly <input type="checkbox"/>	CV assembly <input type="checkbox"/>	CV assembly <input type="checkbox"/>
or	or	or	disc, air inlet <input type="checkbox"/>
disc <input type="checkbox"/>	disc <input type="checkbox"/>	disc <input type="checkbox"/>	disc, CV <input type="checkbox"/>
O-rings <input type="checkbox"/>	diaphragm(s) <input type="checkbox"/>	O-rings <input type="checkbox"/>	seat, CV <input type="checkbox"/>
Seat <input type="checkbox"/>	seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Spring, air inlet <input type="checkbox"/>
Spring <input type="checkbox"/>	spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring, CV <input type="checkbox"/>
stem/guide <input type="checkbox"/>	guide <input type="checkbox"/>	stem/guide <input type="checkbox"/>	retainer <input type="checkbox"/>
retainer <input type="checkbox"/>	O-rings <input type="checkbox"/>	retainer <input type="checkbox"/>	guides <input type="checkbox"/>
lock nuts <input type="checkbox"/>	other <input type="checkbox"/>	lock nuts <input type="checkbox"/>	O-rings <input type="checkbox"/>
other <input type="checkbox"/>		other <input type="checkbox"/>	other <input type="checkbox"/>
differential pressure across check valve _____ psi	Relief valve opened at check valve _____ psi	differential pressure across check valve _____ psi	air inlet _____ psi check valve _____ psi

Note: All repairs shall be completed within five (5) working days.

Remarks: _____

I herby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: (Print Name) _____ Date/Time _____

(sign) _____ CERT.NO. _____

Company Name _____

Company Address _____

THIS ASSEMBLY: PASSED FAILED

OFFICE USE ONLY:		
Premise No. _____	CCU WO No. _____	BF No. _____