

	Backflow Preventer Test & Maintenance Report	Effective Date: 1/15/09 Revised Date: 4/01/14 Page 1 of 2
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**Attention Backflow Testers, Plumbing Contractors,
and Fire Sprinkler System Contractors**

The Backflow and Reclaimed Services Division was formed by Charlotte County Utilities to coordinate the backflow prevention program. In an effort to meet regulatory requirements, we require you to provide Charlotte County Utilities with all results and reports from backflow tests, installations, or repairs. This includes backflow preventers on commercial or residential sites and fire sprinkler systems. Technicians must have valid certifications in backflow testing or backflow repair.

Please use the attached form (or a similar document that you are currently using) to record test results and document repairs. This form can be faxed or mailed, along with tester certifications, to:

Fax: 941-627-4603 Backflow and Reclaimed Services Coordinator

Mail:

Charlotte County Utilities
Backflow and Reclaimed Services Coordinator
25550 Harbor View Road, Suite 1
Port Charlotte, FL 33980

If you have any questions, please contact the Backflow and Reclaimed Services Coordinator at 941-883-3501 or 941-628-1629.

**CHARLOTTE COUNTY UTILITIES
TEST AND MAINTENANCE REPORT**

CUSTOMER _____ METER NUMBER _____

STREET ADDRESS _____

MAILING ADDRESS _____

LOCATION OF ASSEMBLY _____

WATER USE POTABLE _____ IRRIGATION _____ FIRE PROTECTION _____

TYPE OF ASSEMBLY RP _____ DC _____ PVB _____ SVS _____ SIZE _____

MANUFACTURER _____ MODEL _____ SERIAL NO. _____

GAUGE MANUFACTURER _____ SERIAL NO. _____

DATE GAUGE CALIBRATED _____

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

COMMENTS _____

INITIAL TEST _____ PASS _____ FAIL _____ DATE _____ TIME _____

FINAL TEST _____ PASS _____ FAIL _____ DATE _____ TIME _____

TESTED BY (PRINT) _____

CERTIFICATION NUMBER _____ EXPIRATION DATE _____

COMPANY NAME _____

COMPANY ADDRESS _____

SIGNATURE _____