CITY OF FLORENCE BACKFLOW DEVICE TESTING AND MAINTENANCE REPORT

Date:Account/Business Name:		Service Type: (Check One)			Irrigation	
		Meter Number:				
Pevice Name/Typ	e:		Mode	l Number:		
erial Number: _		Size:	Tested By: (Print	t)		
TLOREACTOR OF THE PROPERTY OF	CHECK #1	CHECK #2	AIR-INLET VALVE OR RELIEF VALVE	#1 SHUT-OF	(CIRCLE ONE)	
TEST	Leaked	Leaked	Opened at	Leaked	Leaked	
BEFORE REPAIRS	Closed Tight	Closed Tight	lbs. Diff. Pressure*	Closed Tight		
	Diff. Press*	Diff. Press*				
REPAIRS AND NEW PARTS						
TEST AFTER	Leaked	Leaked	Opened at	Leaked Closed	Leaked Closed	
REPAIRS	Closed Tight	Closed Tight	lbs. Diff. Pressure*	Tight		
	Diff. Press*	Diff. Press*				
F PERFORMING	G DIFFERENTIAI	L TEST YOU MUS	T INCLUDE DIFF	FERENTIAL PRI	ESSURE READING	
	ircle one) Direct		fferential			
	cle one) Vertica		erential Gauge Mo	del:		
OMMENTS:						
	PA	ASS	FAIL			
irolina Department	ove information is co of Environmental Ser oithout written permiss	vices as a General or	Limited tester. I also	certify this device h	as not been	
ester Signature:		Certific	ation Number:			
ompany Name:		Telepho	ne Number:			
ategory: (Circle On	e) General	Limited Insp	ector			
	_	Invalid unless	_		**	
RETU	<u>URN TO:</u> backflow FAX: (843)665	<u>v@cityofflorencesc.g</u> 5-3200	<u>0</u>	City of Florence Utilities/Complia	nce Technician	

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