CITY OF FLORENCE BACKFLOW DEVICE TESTING AND MAINTENANCE REPORT

Date:Account/Business Name:Account Address:		Service Type: (Check One)			Irrigation Fire Line	
		Meter Number:				
	oe:					
Serial Number:		Size: Tested By: 0		rint)		
OF PLORENCE	CHECK #1	CHECK #2	AIR-INLET VALVE OR RELIEF	#1 SHUT-OFF (CIRCLE ONE)	(CIRCLE ONE)	
THE DEC. 24 A			VALVE	GATE - BALL	GATE - BALL	
TEST	Leaked	Leaked	Opened at	Leaked	Leaked	
BEFORE	Closed	Closed	lbs.			
REPAIRS	Tight	Tight	Diff. Pressure*	Closed Tight	Closed Tight	
	Diff. Press*	Diff. Press*				
REPAIRS AND NEW PARTS						
TEST	Leaked	Leaked	Opened at	Leaked	Leaked	
AFTER	Closed	Closed	lbs.	Closed	Closed	
REPAIRS	Tight	Tight	Diff. Pressure*	Tight	Tight	
	Diff. Press*	Diff. Press*				
				FERENTIAL PRES	SSURE READING.	
_	circle one) Direct					
_	cle one) Vertica	d Tube Diffe	erential Gauge Mo	del:		
COMMENTS:						
	\mathbf{P}_{A}	ASS	FAIL			
Carolina Department	pove information is co of Health and Enviro vithout written permis	nmental Control as a	General or Limited to	ester. I also certify thi	is device has not been	
Tester Signature:		Certific	ation Number:			
Company Name:		Telepho	ne Number:			
Category: (Circle Or	ne) General	Limited Insp	ector			
	****Report is	Invalid unless	completed in i	ts Entirety***	k	
RET	URN TO: backflor	w@cityofflorence.con	_	City of Florence		
FAX: (843)665-3200				Utilities/Compliance Assistance		

PHONE: (843)665-3236 x1138

324 W. Evans St. Florence, SC 29501