## **CITY OF FLORENCE BACKFLOW DEVICE TESTING** AND MAINTENANCE REPORT

Date:Account/Business Name:Account Address:		Service Type: (Check One)  Meter Number:			Irrigation Fire Line	
Serial Number:		Size:	Tested By: (Print)			
OF FLORENCE OF		CHECK #2	AIR-INLET VALVE OR RELIEF	#1 SHUT-OFF (CIRCLE ONE)		
TEST BEFORE	Leaked	Leaked	Opened atlbs. Diff. Pressure*	Leaked	Leaked	
REPAIRS	Tight Diff. Press*	Tight Diff. Press*	Diff. Pressure*		Tight	
REPAIRS AND NEW PARTS						
TEST AFTER REPAIRS	Leaked Closed Tight	Leaked Closed Tight	Opened atlbs. Diff. Pressure*	Leaked Closed Tight	Leaked Closed Tight	
<u> resting Method</u> : (c	G DIFFERENTIAI ircle one) Direct	ion of Flow Di	fferential		SSURE READING.	
COMMENTS:	cle one) Vertica	ll Tube Diffe	erential Gauge Mo	aeı:	<del></del>	
	P	<b>ASS</b>	FAIL			
Carolina Department ultered or by-passed w  Fester Signature:	oove information is co	rrect and the test and nmental Control as a sion from the City of I	repairs were perform General or Limited to Florence. The above o ation Number:	ed by me as duly cert ester. I also certify thi data certified to be co	is device has not been rrect and true.	
Category: (Circle On			ector			
****Report is Invalid unless completed in  RETURN TO: backflow@cityofflorence.com  FAX: (843)665-3200  PHONE: (843)665-3236 1138				its Entirety**** City of Florence Utilities/Compliance Technician		

**PHONE:** (843)665-3236 x1138

324 W. Evans St. Florence, SC 29501