


# CITY OF FLORENCE BACKFLOW DEVICE TESTING AND MAINTENANCE REPORT

Date: \_\_\_\_\_ Service Type: (Check One) Domestic \_\_\_\_\_  
 Account/Business Name: \_\_\_\_\_ Irrigation \_\_\_\_\_  
 Account Address: \_\_\_\_\_ Fire Line \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Meter Number: \_\_\_\_\_ Bypass \_\_\_\_\_  
 Device Name/Type: \_\_\_\_\_ Model Number: \_\_\_\_\_  
 Serial Number: \_\_\_\_\_ Size: \_\_\_\_\_ Tested By: (Print) \_\_\_\_\_  
 Device Location: \_\_\_\_\_

	CHECK # 1	CHECK # 2	AIR-INLET VALVE OR RELIEF VALVE	#1 SHUT-OFF (CIRCLE ONE)  GATE - BALL	#2 SHUT-OFF (CIRCLE ONE)  GATE - BALL
<b>TEST BEFORE REPAIRS</b>	Leaked _____ Closed _____ Tight _____  Diff. Press* _____	Leaked _____ Closed _____ Tight _____  Diff. Press* _____	Opened at _____ lbs. Diff. Pressure*	Leaked _____ Closed _____ Tight _____	Leaked _____ Closed _____ Tight _____
<b>REPAIRS AND NEW PARTS</b>					
<b>TEST AFTER REPAIRS</b>	Leaked _____ Closed _____ Tight _____  Diff. Press* _____	Leaked _____ Closed _____ Tight _____  Diff. Press* _____	Opened at _____ lbs. Diff. Pressure*	Leaked _____ Closed _____ Tight _____	Leaked _____ Closed _____ Tight _____

**\*IF PERFORMING DIFFERENTIAL TEST YOU MUST INCLUDE DIFFERENTIAL PRESSURE READING.**

**Testing Method:** (circle one)    Direction of Flow    Differential  
**Test Kit Used:** (circle one)    Vertical Tube    Differential Gauge Model: \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**PASS** \_\_\_\_\_    **FAIL** \_\_\_\_\_

*I hereby certify the above information is correct and the test and repairs were performed by me as duly certified by the South Carolina Department of Health and Environmental Control as a General or Limited tester. I also certify this device has not been altered or by-passed without written permission from the City of Florence. The above data certified to be correct and true.*

Tester Signature: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Category: (Circle One)    General    Limited    Inspector

**\*\*\*Report is Invalid unless completed in its Entirety\*\*\***

**RETURN TO:**    [backflow@cityofflorence.com](mailto:backflow@cityofflorence.com)  
**FAX:**    (843)665-3200  
**PHONE:**    (843)665-3236 x1138

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