

TOWN of CARY

CROSS CONNECTION CONTROL & BACKFLOW PREVENTION DEVICE TEST AND MAINTENANCE REPORT

CUSTOMER: _____

STREET ADDRESS: _____

PHONE NO: _____ FAX NO: _____

LOCATION OF ASSEMBLY: _____

TYPE OF ASSEMBLY: RP DC PVB SIZE _____ WATER METER NUMBER: _____

MANUFACTURER: _____ MODEL: _____ SERIAL NO: _____

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2	PRESSURE VACUUM BREAKER
OPENED AT _____ . _____ PSID BUFFER _____ PSID DID NOT OPEN <input type="checkbox"/>	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ . _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT DIFF. PRESSURE ACROSS CHECK VALVE _____ . _____ PSID	AIR INLET OPENED AT _____ . _____ PSID DID NOT OPEN <input type="checkbox"/> CHECK VALVE: LEAKED <input type="checkbox"/> HELD AT _____ . _____ PSID
<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	<input type="checkbox"/> CLEANED ONLY REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>
OPENED AT _____ . _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ . _____ PSID	<input type="checkbox"/> CLOSED TIGHT _____ . _____ PSID	AIR INLET _____ . _____ PSID CHECK VALVE _____ . _____ PSID
INITIAL TEST: SHUT OFF VALVE #2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT		FINAL TEST: SHUT OFF VALVE #2 <input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT	

NOTE: Each customer must send a copy of the certified record for each test or repair to the town within 30 days after the completion of each test or repair.

REMARKS: _____

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY.

INITIAL TEST BY: _____ TOC CERTIFIED TESTER NO: _____ DATE: _____

REPAIRED BY: _____ DATE: _____

FINAL TEST BY: _____ TOC CERTIFIED TESTER NO: _____ DATE: _____

DOMESTIC FIRE LAWN IRRIGATION NEW TEST RECERTIFICATION TEST

LINE PRESSURE _____ PSI TIME OF DAY _____ AM PM PLUMBING PERMIT NUMBER: _____

PROPERTY CONTACT PERSON: _____ PROPERTY CONTACT NUMBER: _____

TESTER COMPANY NAME: _____ SIGNATURE OF TESTER _____

Testing Gauge Serial #: _____ Model Number: _____ Calibration Date: _____

RETURN TO:

Town of Cary
 Cross Connection Control ORC
 P.O. Box 8005, Cary, NC 27512-8005

PHONE: (919) 469-4090
 FAX: (919) 469-4304