

DATE: \_\_\_\_\_

# TOWN of CARY

## Cross Connection Control & Backflow Prevention Device Test and Maintenance Report

PASS

FAIL

CUSTOMER \_\_\_\_\_

ADDRESS (street, city, zip) \_\_\_\_\_

NAME OF TESTER \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

TESTER CERTIFICATION NO. \_\_\_\_\_

TESTING GAUGE SERIAL NO. \_\_\_\_\_

MODEL NO. \_\_\_\_\_

CALIBRATION DATE \_\_\_\_\_

### FOR TESTER USE ONLY

MANUFACTURER \_\_\_\_\_

MODEL \_\_\_\_\_

SIZE \_\_\_\_\_

SERIAL NO. \_\_\_\_\_

LOCATION OF ASSEMBLY \_\_\_\_\_

WATER METER NO. \_\_\_\_\_

TYPE OF BACKFLOW ASSEMBLY:

RP

DC

\_\_\_\_\_ PSI  
LINE PRESSURE

<input type="checkbox"/> NEW INSTALL	<input type="checkbox"/> EXISTING DEVICE	<input type="checkbox"/> REPLACEMENT	OLD ASSEMBLY SERIAL NO. _____
<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> FIRE	<input type="checkbox"/> LAWN IRRIGATION	<input type="checkbox"/> NEW TEST <input type="checkbox"/> RECERTIFICATION TEST

	RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2
INITIAL TEST	OPENED AT _____ PSID BUFFER _____ PSID <input type="checkbox"/> DID NOT OPEN	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT HELD AT _____ PSID	<input type="checkbox"/> LEAKED <input type="checkbox"/> CLOSED TIGHT HELD AT _____ PSID
		SHUT OFF VALVE #1	SHUT OFF VALVE #2
FINAL TEST	<input type="checkbox"/> OPENED AT _____ PSID	<input type="checkbox"/> CLOSED TIGHT HELD AT _____ PSID	<input type="checkbox"/> CLOSED TIGHT HELD AT _____ PSID
REPAIRS	<input type="checkbox"/> CLEANED ONLY <input type="checkbox"/> RV ASSEMBLY	<input type="checkbox"/> REPLACED RUBBER KIT <input type="checkbox"/> RPZ IS REMOVED FROM SERVICE	<input type="checkbox"/> REBUILD

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

SIGNATURE: \_\_\_\_\_

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