

South Camden Water & Sewer District Backflow Prevention Assembly Test & Maintenance Form

Owner of Property _____ Return Form By: _____

Mailing Address _____ Test Date _____

(CITY) (ST) (ZIP)

Contact Person _____

Assembly Address _____

(CITY) (ST) (ZIP)

Exact Location _____

RP - ASSE #1013
 DC- ASSE #1015
 PVB - ASSE #1020

RPDA - ASSE #1047
 DCDA - ASSE #1048
 SRVB - ASSE #1056

Permit Number _____

Make _____ Model No. _____

Size _____ Serial No. _____

Line PSI _____	Reduced Pressure Backflow Preventer			Pressure Vacuum Breaker Spill Resistant Vacuum Breaker	
	Double Check Valve Assembly		Relief Valve	Check Valve	Air Inlet
	Check Valve No. 1	Check Valve No. 2			
Initial Test PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/> _____PSID	Opened at _____PSID Did Not Open <input type="checkbox"/>
Repairs					
Final Test PASS <input type="checkbox"/>	Closed Tight <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at <input type="checkbox"/> _____PSID	Closed Tight <input type="checkbox"/> _____PSID	Opened at _____PSID

Condition of No. 2 Shutoff Valve: Closed Tight Leaked Water Service Restored Yes No

Notes:

Certification: On this date, the above device was tested per applicable codes and the required performance standards.

Test Type		Gauge Ser. No.		Testing Firm	
Tester Name				Tester Certification No.	

Tester Signature: _____ Date: _____

Contact Signature: _____ Date: _____