



**MOUNT PLEASANT WATERWORKS**  
 PO Box 330 1619 Rifle Range Road  
 Mount Pleasant, SC 29465-0330  
 Phone: (843) 375-5460 Fax: (843) 849-2230

**Backflow Assembly  
 Test Report**  
 Del Harbin \ Backflow Program  
 Manager  
 Cell Phone 327-3160

Customer Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Service Address: \_\_\_\_\_  
 Meter Number: \_\_\_\_\_ Assembly Serial #: \_\_\_\_\_  
 Device Type, Manufacturer, Model & Size: \_\_\_\_\_  
 Location of Assembly on Property: \_\_\_\_\_  
 Testers Name (Print or Type): \_\_\_\_\_  
 Company (Print or Type): \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Type of Test Performed: \_\_\_\_\_

Type of Service: Irrigation Fireline Domestic

	Check Valve # 1	Check Valve # 2	Opening Point	# 1 Shut Off Ball Valves or Gate Valves	# 2 Shut Off Ball Valves or Gate Valves
Initial	Leaked: _____ Closed Tight: _____ Differential Pressure: _____	Leaked: _____ Closed Tight: _____ Differential Pressure: _____	Relief Valve Or Air Inlet: _____lbs.	Leaked: _____ Closed Tight: _____	Leaked: _____ Closed Tight: _____
Repairs Made New Materials					
Test After Repairs	Closed Tight: _____ Differential Pressure _____	Closed Tight: _____ Differential Pressure _____	Relief Valve Or Air Inlet _____lbs.	Leaked: _____ Closed Tight: _____	Leaked: _____ Closed Tight: _____

**Pass** \_\_\_\_\_ **Fail** \_\_\_\_\_

Vertical Installation? \_\_\_\_\_ YES \_\_\_\_\_ NO Freeze Protection? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Above Ground? \_\_\_\_\_ YES \_\_\_\_\_ NO New installation? \_\_\_\_\_ YES \_\_\_\_\_ NO

Certification Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Testers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The above report is certified to be true.**

Comments: \_\_\_\_\_