



MOUNT PLEASANT WATERWORKS
 PO Box 330 1619 Rifle Range Road
 Mount Pleasant, SC 29465-0330
 Phone: (843) 884-9626 Fax: (843) 849-2230

**Backflow Assembly
 Test Report**

backflow@mpwoline.com

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: _____
