



504 Highway 187 South
Anderson, SC 29626
(864) 225-5741

Date

Website: www.westandersonwaterdistrict.us
Email: customerservice@westandersonwaterdistrict.us

BACKFLOW DEVICE TEST REPORT FORM

(Please complete all fields)

Account Name/Business Name

Account Address

Account Number Meter Number

Device Name Model Number

Serial Number Size

Device Location

Tested By (Print Name)

Time Tested Meter Reading

	Check Number 1		Check Number 2		Air-Inlet Valve Or Relief Valve	#1 (Circle One) Gate or Ball		#2 (Circle One) Gate or Ball		
Test Before Repairs	(Mark One)		(Mark One)		Opened at	(Mark One)		(Mark One)		
	Leaked	<input type="text"/>	Leaked	<input type="text"/>	<input type="text"/>	lbs	Leaked	<input type="text"/>	Leaked	<input type="text"/>
	Closed Tight	<input type="text"/>	Closed Tight	<input type="text"/>	Differential Pressure		Closed Tight	<input type="text"/>	Closed Tight	<input type="text"/>
	Diff Press	<input type="text"/>	Diff Press	<input type="text"/>						
Repairs and New Materials			<input type="text"/>							
Test After Repairs	(Mark One)		(Mark One)		Opened at	(Mark One)		(Mark One)		
	Leaked	<input type="text"/>	Leaked	<input type="text"/>	<input type="text"/>	lbs	Leaked	<input type="text"/>	Leaked	<input type="text"/>
	Closed Tight	<input type="text"/>	Closed Tight	<input type="text"/>	Differential Pressure		Closed Tight	<input type="text"/>	Closed Tight	<input type="text"/>
	Diff Press	<input type="text"/>	Diff Press	<input type="text"/>						

Above data certified to be correct:

Tester Signature Certification Number

Company Name Telephone Number

Category General Limited Inspector Test

Method of Testing Test Kit Used

Comments