



The Rural Community Water District of Georgetown County
2360 North Fraser Street • P.O. Box 692 • Georgetown, SC 29442
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Backflow Prevention Device Test Form

Test Date: _____ Account Number: _____

Account/Business Name: _____

Account Address: _____

Device Name: _____ Model Number: _____

Backflow Device Serial Number: _____ Size: _____

Device Location: _____

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 <input type="checkbox"/> Leaked <input type="checkbox"/>					
Notes: 					
Certification: On this date, the above device was tested per applicable codes and the required performance standards.					
Tester Name		Category		Company Name	
Certification Number				Phone Number	

Tester Signature: _____ Date: _____