



## **Backflow Preventer Test & Maintenance Report**

Effective Date: 1/15/09

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### **Attention Backflow Testers, Plumbing Contractors and Fire Sprinkler System Contractors**

A unit has been formed by Charlotte County Utilities to coordinate the backflow prevention program. In an effort to meet regulatory requirements, we require you to provide Charlotte County Utilities with all results and reports from backflow tests, installations or repairs. This includes backflow preventers on commercial or residential sites and fire sprinkler systems. Technicians must have valid certifications in backflow testing or backflow repair.

Please use the enclosed form (or a similar document that you are currently using) to record test results and document repairs. This form can be faxed or mailed, along with tester certifications, to:

Fax: 941.627.4603; Attn: Gordon Madara  
Mail: Charlotte County Utilities  
25550 Harbor View Rd., Suite 1  
Port Charlotte, FL 33980  
Attn: Gordon Madara

If you have any questions please contact me:

Gordon Madara, Utilities Water Quality Control Coordinator  
941.883.3501 or 941.628.1629  
Gordon.Madara@charlottefl.com

Thank you for your cooperation.

**Charlotte County Utilities**  
25550 Harbor View Road  
Port Charlotte, FL 33980  
Phone: 941.764.4595 or 941.883.3501

**CHARLOTTE COUNTY UTILITIES  
TEST AND MAINTENANCE REPORT**

CUSTOMER \_\_\_\_\_ METER NUMBER \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

LOCATION OF ASSEMBLY \_\_\_\_\_

WATER USE POTABLE \_\_\_\_\_ IRRIGATION \_\_\_\_\_ FIRE PROTECTION \_\_\_\_\_

TYPE OF ASSEMBLY RP \_\_\_\_\_ DC \_\_\_\_\_ PVB \_\_\_\_\_ SVS \_\_\_\_\_ SIZE \_\_\_\_\_

MANUFACTURER \_\_\_\_\_ MODEL \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

GAUGE MANUFACTURER \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

DATE GAUGE CALIBRATED \_\_\_\_\_

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	opened at: _____ psi or did not open <input type="checkbox"/>	<input type="checkbox"/> leaked or <input type="checkbox"/> closed tight	<b>Air Inlet:</b> did not open <input type="checkbox"/> or opened at _____ psi
differential pressure across check valve _____ psi	<b>Outlet shut-off valve:</b> <input type="checkbox"/> leaked <input type="checkbox"/> closed tight	<b>OPTIONAL TEST</b> differential pressure across check valve _____ psi	<b>Check Valve:</b> leaked <input type="checkbox"/> or held at _____ psi
<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> or disc <input type="checkbox"/> O-rings <input type="checkbox"/> Seat <input type="checkbox"/> spring <input type="checkbox"/> stem/guide <input type="checkbox"/> retainer <input type="checkbox"/> lock nuts <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> RV cleaned only Replaced: RV rubber kit <input type="checkbox"/> RV assembly <input type="checkbox"/> or disc <input type="checkbox"/> diaphragm (s) <input type="checkbox"/> seat <input type="checkbox"/> spring <input type="checkbox"/> guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> or disc <input type="checkbox"/> O-rings <input type="checkbox"/> seat <input type="checkbox"/> spring <input type="checkbox"/> stem/guide <input type="checkbox"/> retainer <input type="checkbox"/> lock nuts <input type="checkbox"/> Other <input type="checkbox"/>	<input type="checkbox"/> cleaned only Replaced: rubber kit <input type="checkbox"/> CV assembly <input type="checkbox"/> disc, air inlet <input type="checkbox"/> disk, CV <input type="checkbox"/> seat, CV <input type="checkbox"/> spring, air inlet <input type="checkbox"/> spring, CV <input type="checkbox"/> retainer <input type="checkbox"/> guide <input type="checkbox"/> O-rings <input type="checkbox"/> Other <input type="checkbox"/>
differential pressure across check valve _____ psi	Relief valve opened at _____ psi	differential pressure across check valve _____ psi	air inlet _____ psi check valve _____ psi

COMMENTS \_\_\_\_\_

INITIAL TEST \_\_\_\_\_ PASS \_\_\_\_\_ FAIL \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

FINAL TEST \_\_\_\_\_ PASS \_\_\_\_\_ FAIL \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

TESTED BY (PRINT) \_\_\_\_\_

CERTIFICATION NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_