



# City of Durham

**Cross Connection Control**  
 1600 Mist Lake Dr., Durham, NC 27704  
 Ph. (919) 560-4194  
 Email: [cccprogram@durhamnc.gov](mailto:cccprogram@durhamnc.gov)

## Backflow Prevention Assembly Test and Maintenance Report

Name of Owner: \_\_\_\_\_ **BUILDING PERMIT NO:** \_\_\_\_\_  
(Required for Cert. of Occupancy)

Mailing Address: \_\_\_\_\_ **BACKFLOW PERMIT NO:** \_\_\_\_\_  
(Required on New Installs)

City, State & Zip Code: \_\_\_\_\_

Location of Assembly: \_\_\_\_\_

Service Meter Number: \_\_\_\_\_ By-pass Meter Reading: \_\_\_\_\_

Type: \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_ Serial No: \_\_\_\_\_

Tester: \_\_\_\_\_ Certification No: \_\_\_\_\_ \*Date: \_\_\_\_\_ Time: \_\_\_\_\_

Type of Service: \_\_\_\_\_ **New Test:** \_\_\_\_\_ Recertification Test: \_\_\_\_\_ Line Pressure: \_\_\_\_\_

Test Kit: \_\_\_\_\_ Serial No: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

| NO. 1 CHECK VALVE  | NO. 2 CHECK VALVE  | RELIEF VALVE   | PRESSURE VACUUM BREAKER  |
|--|--|--|--|
| Leaked<br>Closed Tight<br>Diff Pressure Across<br>Check Valve ____PSID | Leaked<br>Closed Tight<br>Diff Pressure Across<br>Check Valve ____PSID | Opened at<br>____PSID<br>Did not Open                  | Air Inlet ____PSID<br>Did not open<br>Check Valve ____PSID<br>Leaked |
| Cleaned<br>Replaced<br><i>(list parts in comments)</i>                 | Cleaned<br>Replaced<br><i>(list parts in comments)</i>                 | Cleaned<br>Replaced<br><i>(list parts in comments)</i> | Cleaned<br>Replaced<br><i>(list parts in comments)</i>               |
| Closed Tight at<br>____PSID  | Closed Tight at<br>____PSID  | Opened at ____PSID                                     | Air Inlet ____PSID<br>Check Valve ____PSID                           |
| Shut Off Valve #1<br>Leaked  | Closed Tight   | Buffer: _____  | Shut Off Valve #2<br>Leaked Closed Tight                             |

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

Assembly Status: PASSED \*\*FAILED

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

\_\_\_\_\_  
 (Signature of Licensed Tester and Date)

\_\_\_\_\_  
 (Company Name)

**\*Test and Maintenance Report must be submitted within 15 days.**  
**\*\*All Repairs must be made within 10 Business Days.**