



**WATER MANAGEMENT**  
CITY OF DURHAM

Cross Connection Control (CCC)  
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**\*\*THIS FORM IS ONLY FOR INSTALLATIONS THAT ARE NOT ALREADY EXISTING IN BSI \*\***

**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
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff Pressure Across Check Valve ____PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff Pressure Across Check Valve ____PSID	Opened at ____PSID <input type="checkbox"/> Did not Open	Air Inlet ____PSID <input type="checkbox"/> Did not open Check Valve ____PSID Leaked
<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <i>(list parts in comments)</i>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <i>(list parts in comments)</i>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <i>(list parts in comments)</i>	<input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <i>(list parts in comments)</i>
Closed Tight at ____PSID	Closed Tight at ____PSID	Opened at ____PSID	Air Inlet ____PSID Check Valve ____PSID
Shut Off Valve #1 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>		Buffer: _____	Shut Off Valve #2 Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/>

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.**

