



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.**

