



6 SNAKE ROAD, OKATIE, SC 29909-3937

For questions relating to this form, contact:
BackflowPrevention@bjwsa.org
Phone: 843.987.8068 Fax: 843.548.4171

Backflow ID / Device No.:

Passed

Y

N

Date: _____

Account Name / Business: _____

Account Address: _____

Customer Number: _____ Account Number: _____ Service Type: _____

Device Mfg: _____ Model Name: _____ Installed: _____

Serial Number: _____ Size: _____ Device Type: _____

Device Location: _____

Tested By (Print): _____

	Check No.1	Check No.2	Differential Pressure Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Drop Across	Drop Across			
Repairs And New Materials					
Test After Repairs	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____	Opened at _____ lbs. Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Drop Across	Drop Across			

Above date certified to be correct.

Testers Signature: _____ Certification Number: _____

Company Name: _____ Company Telephone Number: _____

Category: _____ General: _____ Limited: _____ Inspector Tester: _____

Method of Testing: _____ Make, Model, Serial # of Test Kit Used: _____

Comments: _____