



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: