



FIELD TEST SUBMITTAL SHEET

To: BJWSA
Cross-Connection Control

Date: _____

TEST SUBMITTAL FAX: TBD

TEST SUBMITTAL EMAIL: Backflowprevention@bjwsa.org

Attn: _____

From: _____

Company Name: _____

Contact Name: _____

Phone #: _____

Fax #: _____

Email Address: _____

Tests must be submitted within ten (10) business days of the test date. All forms submitted must be filled out accurately and completely. Testers not on the approved tester list or in compliance with the BJWSA Program cannot perform tests. Tests will be reviewed and entered within 2 business days of receipt. There is no reason to call for verification until after that time period. If tests are not acceptable, you will be contacted by a Utility Compliance Inspector.

Enter an identifying mark (account #, address, customer name or assembly serial number) for each test being transmitted. Make every attempt to keep tests in order of list. Fax is limited to 30 sheets. For submittals for more than 29 tests, break submittal into two transmittals. On accounts with multiple assemblies, each assembly should have a line . . . one line for each test!

- | | | |
|----------|----------|----------|
| 1 _____ | 11 _____ | 21 _____ |
| 2 _____ | 12 _____ | 22 _____ |
| 3 _____ | 13 _____ | 23 _____ |
| 4 _____ | 14 _____ | 24 _____ |
| 5 _____ | 15 _____ | 25 _____ |
| 6 _____ | 16 _____ | 26 _____ |
| 7 _____ | 17 _____ | 27 _____ |
| 8 _____ | 18 _____ | 28 _____ |
| 9 _____ | 19 _____ | 29 _____ |
| 10 _____ | 20 _____ | |

Comments:



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)	(Mark One)	Opened at _____ lbs. Differential Pressure	(Mark One)	(Mark One)
	Leaked _____ Closed Tight _____	Leaked _____ Closed Tight _____		Leaked _____ Closed Tight _____	Leaked _____ Closed Tight _____
	Drop Across _____	Drop Across _____			
Repairs And New Materials					
Test After Repairs	(Mark One)	(Mark One)	Opened at _____ lbs. Differential Pressure	(Mark One)	(Mark One)
	Leaked _____ Closed Tight _____	Leaked _____ Closed Tight _____		Leaked _____ Closed Tight _____	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: _____ Test Kit Used: _____

Comments: _____

