

Brunswick Regional



Water and Sewer

CROSS CONNECTION CONTROL & BACKFLOW PREVENTION DEVICE TEST AND MAINTENANCE REPORT

CUSTOMER: _____

STREET ADDRESS: _____

LOCATIONS OF ASSEMBLY: _____

TYPE OF ASSEMBLY: RP (DA) DCDA PVB SIZE: _____

MANUFACTURER: _____ MODEL: _____ SERIAL: _____

RELIEF VALVE	CHECK VALVE #1	CHECK VALVE #2
OPENED AT: _____.____ PSID BUFFER _____.____ PSID DID NOT OPEN <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> DIFF. PRESSURE ACROSS CHECK VALVE _____.____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> DIFF. PRESSURE ACROSS CHECK VALVE _____.____ PSID
CLEANED ONLY <input type="checkbox"/> REPLACED: RUBBER KIT <input type="checkbox"/> RV ASSEMBLY <input type="checkbox"/>	CLEANED ONLY <input type="checkbox"/> REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>	CLEANED ONLY <input type="checkbox"/> REPLACED: RUBBER KIT <input type="checkbox"/> CV ASSEMBLY <input type="checkbox"/>
OPENED AT _____.____ PSID	CLOSED AT _____.____ PSID	CLOSED AT _____.____ PSID

NOTE: Each customer must send a copy of the certified record for each test or repair to H2GO within 30 days after the completion of the repair

REMARKS: _____

I HEREBY CERTIFY THAT THIS DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTENANCE OF THE ASSEMBLY.

INITIAL TEST BY: _____ CERTIFIED TESTER NO.: _____ DATE: _____

REPAIRED BY: _____ DATE: _____

FINAL TEST BY: _____ CERTIFIED TESTER NO.: _____ DATE: _____

DOMESTIC FIRE LAWN IRRIGATION NEW TEST RECERTIFICATION TEST

WATER METER NO: _____ PLUMBING PERMIT NO: _____

TEST KITS: DIFFERENTIAL DUPLEX ELECTRONIC LINE PRESSURE _____ PSI

TIME OF DAY: _____ (AM) (PM) SIGNATURE OF TESTER: _____

TESTING GAUGE SERIAL # _____ MODEL # _____ CALIBRATION DATE: _____

RETURN TEST TO:

PO BOX 2230 LELAND NC 28451
516 VILLAGE RD LELAND NC 28451

OFFICE 910-371-9949

FAX 910-371-6441

Email: dgreiner@h2goonline.com

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CROSS-CONNECTION CONTROL INSTALLATION REPORT

Name of Owner: _____ Date of Report: _____

Address: _____

Service Location: _____

Name of Premises (if commercial): _____

Location of Assembly on Premises: _____

ASSEMBLY INFORMATION

TYPE OF ASSEMBLY: AG DCVA DCDA PVB
 RP RPDA RDC

Manufacturer: _____ Model: _____ Serial #: _____

Type of Service: Potable Irrigation Fire Service Size: _____

WATER METER SERIAL NUMBER: _____

INSTALLER'S NAME: _____

INSTALLER'S COMPANY: _____

ADDRESS: _____

INSPECTOR'S NAME: _____

ADDRESS: _____

INSPECTOR'S COMMENTS: _____

NOTE: Device must be tested and a Test and Maintenance Report filed