



Town of Apex Backflow Test Report
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Name of Owner:		Test Date:	Test Time:
Service Address:			
Location of Assembly:			
Orientation: ☐ Horizontal ☐ VU ☐ VD ☐ VUVU ☐ VUVD ☐ VUH ☐ VDVU ☐ VDVD ☐ HVD		Grade: ☐ Above ☐ Below	Service Meter No.:
Assembly Type: ☐ RP ☐ RPDA ☐ DC ☐ DCDA ☐ PVB	Report Type: ☐ New ☐ Annual ☐ Replaced	Assembly Service: ☐ Domestic ☐ Fire ☐ Irrigation ☐ Containment ☐ Isolation	Bypass Meter Read: Line Pressure: PSI
Backflow Assembly Info: Manufacturer: _____ Model: _____ Size: _____ Serial # _____		Result: ☐ Passed ☐ Failed	Test Kit Info: Manufacturer: _____ Model: _____ Calibration Date: _____
Relief Valve	No. 1 Check Valve	No. 2 Check Valve	Pressure Vacuum Breaker/Spill Resistant Vacuum Breaker
Opened at _____ PSID Step Buffer _____ PSID ☐ Valve Did Not Open	☐ Leaked ☐ Closed Tight Diff. Pressure Across Check Valve _____ PSID	☐ Leaked ☐ Closed Tight Diff. Pressure Across Check Valve _____ PSID	Air Inlet Open at _____ PSID ☐ Check Valve Did Not Open ☐ Leaked Held at _____ PSID
☐ Cleaned Only Replaced: ☐ Rubber Kit ☐ RV Assembly	☐ Cleaned Only Replaced: ☐ Rubber Kit ☐ RV Assembly	☐ Cleaned Only Replaced: ☐ Rubber Kit ☐ RV Assembly	☐ Cleaned Only Replaced: ☐ Rubber Kit ☐ RV Assembly
Opened at _____ PSID Buffer _____ PSID	Closed Tight _____ PSID	Closed Tight _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID
Shut Off Valve #1 ☐ Leaked ☐ Closed Tight		Shut Off Valve #2 ☐ Leaked ☐ Closed Tight	
<i>Please add serial number in comments section when replacing a backflow assembly.</i>			
Comments: 			
<i>I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.</i>			
Printed Name:			
Signature:		Certification #:	
Testing Company:		Business Phone:	
Email:			
Email cross.connection@apexnc.org to report replaced backflow assemblies. Include service address, location, assembly service and type, and backflow assembly info in the email.			