



# Charlotte County Utilities

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 Return to: [CCUBackflow@charlottecountyfl.gov](mailto:CCUBackflow@charlottecountyfl.gov)  
[www.charlottecountyfl.gov/dept/utilities](http://www.charlottecountyfl.gov/dept/utilities)  
 Delivering Exceptional Service

## BACKFLOW PREVENTER TEST AND MAINTENANCE REPORT

Customer \_\_\_\_\_

Street Address \_\_\_\_\_

Location of Assembly \_\_\_\_\_

Potable  Fireline  Irrigation  Water Meter No. \_\_\_\_\_

Type of Assembly:  RP  DC  DDC  PVB  AVB  DUC  SIZE

BF Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Serial No. \_\_\_\_\_

Gauge Manf: \_\_\_\_\_ Serial No. \_\_\_\_\_ Date Calibrated: \_\_\_\_\_

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
leaked or <input type="checkbox"/>	opened at _____ psi	leaked or <input type="checkbox"/>	<i>Air Inlet</i> : Did not open <input type="checkbox"/>
closed tight <input type="checkbox"/>	or did not open <input type="checkbox"/>	closed tight <input type="checkbox"/>	or held at _____ psi
differential pressure across check valve _____ psi	<i>Outlet shut-off valve:</i> leaked <input type="checkbox"/>	<i>OPTIONAL TEST</i> differential pressure across check valve _____ psi	<i>Check Valve:</i> Leaked <input type="checkbox"/>
or held at _____ psi	closed tight <input type="checkbox"/>	or held at _____ psi	or held at _____ psi
Cleaned only <input type="checkbox"/>	RV Cleaned only <input type="checkbox"/>	Cleaned only <input type="checkbox"/>	Cleaned only <input type="checkbox"/>
Replaced:	Replaced:	Replaced:	Replaced:
rubber kit <input type="checkbox"/>	RV rubber kit <input type="checkbox"/>	rubber kit <input type="checkbox"/>	rubber kit <input type="checkbox"/>
CV assembly <input type="checkbox"/>	RV assembly <input type="checkbox"/>	CV assembly <input type="checkbox"/>	CV assembly <input type="checkbox"/>
or	or	or	disc, air inlet <input type="checkbox"/>
disc <input type="checkbox"/>	disc <input type="checkbox"/>	disc <input type="checkbox"/>	disc, CV <input type="checkbox"/>
O-rings <input type="checkbox"/>	diaphragm(s) <input type="checkbox"/>	O-rings <input type="checkbox"/>	seat, CV <input type="checkbox"/>
Seat <input type="checkbox"/>	seat <input type="checkbox"/>	Seat <input type="checkbox"/>	Spring, air inlet <input type="checkbox"/>
Spring <input type="checkbox"/>	spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Spring, CV <input type="checkbox"/>
stem/guide <input type="checkbox"/>	guide <input type="checkbox"/>	stem/guide <input type="checkbox"/>	retainer <input type="checkbox"/>
retainer <input type="checkbox"/>	O-rings <input type="checkbox"/>	retainer <input type="checkbox"/>	guides <input type="checkbox"/>
lock nuts <input type="checkbox"/>	other <input type="checkbox"/>	lock nuts <input type="checkbox"/>	O-rings <input type="checkbox"/>
other <input type="checkbox"/>		other <input type="checkbox"/>	other <input type="checkbox"/>
differential pressure across check valve _____ psi	Relief valve opened at check valve _____ psi	differential pressure across check valve _____ psi	air inlet _____ psi check valve _____ psi

**Note: All repairs shall be completed within five (5) working days.**

Remarks: \_\_\_\_\_

I herby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: (Print Name) \_\_\_\_\_ Date/Time \_\_\_\_\_

(sign) \_\_\_\_\_ CERT.NO. \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

THIS ASSEMBLY:  PASSED  FAILED

<b>OFFICE USE ONLY:</b>		
Premise No. _____	CCU WO No. _____	BF No. _____