# BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Brunswick-Glynn County J W S C

<table>
<thead>
<tr>
<th>Assembly ID</th>
<th>Acct Number</th>
<th>Meter #</th>
<th>Test Report Due:</th>
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<tbody>
<tr>
<td></td>
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<td>Schedule Code</td>
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<thead>
<tr>
<th>Service Address</th>
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<th>Assembly Info</th>
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<td>(Replacement/Correction)</td>
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<thead>
<tr>
<th>Equip Location</th>
<th>Containment</th>
<th>Mfr</th>
<th>Type</th>
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<tr>
<th>Location ID</th>
<th>Ph</th>
<th>Size</th>
<th>Model</th>
<th>Install Date</th>
<th>Permit Num</th>
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- Confinement
- Freeze Protect
- Hazard Type
- Haz. Level

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**REPORT OF TEST RESULTS**

- **Initial Test**
  - Check Valve #1
    - Held at PSID
    - Closed Tight
    - Leaked
  - Check Valve #2
    - Held at PSID
    - Closed Tight
    - Leaked
  - Relief Valve
    - Opened at PSID
    - Did Not Open
  - PVB/SVB
    - Air Inlet Opened at PSID
    - Did not Open
    - Check Held at PSID
    - Leaked
  - Shut Off Valves
    - #1
    - #2
    - Closed Tight
    - Leaked
    - Other

- **Final Test**
  - PSID
  - Closed Tight

- **REPAIR**
  - Cleaned Replaced
    - Disc
    - Spring
    - Guide
    - Seat
    - O-Ring(s)
    - Module
    - Rubber Kit

- **Other/Notes:**

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**THE ABOVE REPORT IS CERTIFIED TO BE TRUE:**

<table>
<thead>
<tr>
<th>Initial Test By</th>
<th>Certificate</th>
<th>Date</th>
<th>Gauge Num</th>
<th>Time In</th>
<th>Time Out</th>
<th>Company</th>
<th>Phone</th>
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<tr>
<th>Final Test By</th>
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| Repair By |              |          |           |         |          |         |       |