TOWN OF WILKESBORO

BACKFLOW PREVENTER REPORT

Cross Connection Program Coordinator
1107 Lenderman Street, Wilkesboro, NC 28697
Tel: 336-838-4631 Fax: 336-838-7616

OWNER _____ ADDRESS _____

MANUFACTURER _____ MODEL _____

SIZE _____ SERIAL NUMBER _____ ID # _____

TYPE ASSEMBLY: ○ RPZ ○ DC ○ PVB ○ SVB

	REDUCED PRESSURE PRINCIPAL			PVB/SVB
	DOUBLE CHECK VALVE			AIR INLET
INITIAL TEST	CHECK VALVE #1	CHECK VALVE #2	RELIEF VALVE	OPEN AT >1 PSID
	PRZ >5PSID DCVA >1PSID	PRZ >1PSID DCVA >1PSID	OPEN AT >2PSID BUFFER >3PSID	Opened at ____ PSID Did Not Open ☐
	Held at ____ PSID Closed Tight ☐	Held at ____ PSID Closed Tight ☐	Opened at ____ PSID Buffer value ____ PSID Did not Open ☐	CHECK VALVE HOLD AT >1PSID
Give details of any repairs made here. REPAIRS	Cleaned ☐ Replaced ☑	Cleaned ☐ Replaced ☑	Cleaned ☐ Replaced ☑	Held at ____ PSID Leaked ☐ Cleaned ☐ Replaced ☑
FINAL TEST	Held at ____ PSID Closed Tight ☐	Held at ____ PSID Closed Tight ☐	Opened at ____ PSID Buffer value ____ PSID	Air Inlet ____ PSID Check Valve ____ PSID
				LINE PSI _____

COMMENTS: _____

DATE _____ TIME _____ PASSED ☐ FAILED ☐

SIGNATURE _____ PRINT NAME _____

RETURN OPTIONS:

Mail: Cross Connection Program Coordinator
Attn: Aaron White
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Wilkesboro, NC 28697

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