

CITY OF COLUMBIA CROSS CONNECTION CONTROL PROGRAM FIELD TESTING & MAINTENANCE REPORT FORM FOR BACKFLOW PREVENTION DEVICES

ILLEGIBLE OR INCOMPLETE TEST REPORTS WILL NOT BE ACCEPTED

Watercrossconnection@columbiasc.gov Office (803)545-3876

Account Na	me:	Date:			
	dress:				
Account Number: Meter Number:					
Device Nam	e:	Model Number:			
Serial Number:		SizeType of Water Service: Fire ProtectionDomesticIrrigation			
Device Loca	ition:				
New Installation Replacement		Existing (Annual) Serial Number of Device being Replaced			
	Check No. 1	Check No. 2	Air-Inlet Or Relief Valve	# 1 Gate or Ball	#2 Gate or Ball
Test Before Repairs	(Mark One) Leaked Closed Tight Diff	(Mark One) Leaked Closed Tight Diff	Opened atLBS. Differential Pressure	(Mark One) Leaked Closed Tight	(Mark One) Leaked Closed Tight
Repairs And New Materials	Press	Press			
Test After Repairs	(Mark One) Leaked Closed Tight Diff Press	(Mark One) Leaked Closed Tight Diff Press	Opened atLBS. Differential Pressure	(Mark One) Leaked Closed Tight	(Mark One) Leaked Closed Tight
	Tested	l by (PRINT):			
Tester Signature:		_ Certification Number:			
Company Name:		Company Telephone Number:			
Method of Testing:		Test Kit Used:			
Comments:					