

**TOWN OF OAK ISLAND  
PUBLIC UTILITIES DEPARTMENT**

**BACKFLOW DEVICE TEST REPORT**

Service Address \_\_\_\_\_

Name of Premises \_\_\_\_\_ Location of device \_\_\_\_\_

Device \_\_\_\_\_  
Manufacturer Model Size Serial Number

Test Kit \_\_\_\_\_  
Manufacturer Serial Number Date Certified

RP ☐  
 DC ☐  
 DCDA ☐  
 RPDA ☐

<b>Reduced Pressure Principle Assembly</b>				
Relief Valve Opening Point	Check Valve # 2 Backpressure Test	Check Valve #1	No. 2 Shutoff Valve	Check Valve #2
Opened at _____ psid	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid
Did not open <input type="checkbox"/>		Leaked <input type="checkbox"/>		Leaked <input type="checkbox"/>

<b>Double Check Valve Assembly</b>				<b>Backflow Assembly Status</b>
Check Valve # 2 Backpressure Test	Check Valve #1	No. 2 Shutoff Valve	Check Valve #2	
Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Leaked <input type="checkbox"/>	Closed Tight <input type="checkbox"/> Leaked <input type="checkbox"/>	Held at _____ psid Leaked <input type="checkbox"/>	Passed <input type="checkbox"/>  Failed <input type="checkbox"/>

Date \_\_\_\_\_ Time \_\_\_\_\_ Certified Tester # \_\_\_\_\_

Test by (Signature) \_\_\_\_\_ Print Name \_\_\_\_\_

Your signature certifies that all information provided on this section is correct.

Comments: \_\_\_\_\_

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