



Electric City Utilities
 314 Tribble Street
 Anderson, SC 29625
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BACKFLOW DEVICE TEST REPORT FORM

DATE: _____

Account Name/Business Name: _____

Account Address: _____ Meter Number: _____

Device Name: _____ Meter Reading: _____

Serial Number: _____ Model Number: _____

Device Location: _____ Size: _____

Tested by (PRINT): _____ Time of Test: _____

Name of Alarm Company Called: _____

	Check No. 1	Check No. 2	Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
Test Before Repairs	(Mark One) Leaked _____	(Mark One) Leaked _____	Opened at _____ lbs.	(Mark One) Leaked _____	(Mark One) Leaked _____
	Closed Tight _____	Closed Tight _____	Differential Pressure	Closed Tight _____	Closed Tight _____
	Diff Press _____	Diff Press _____			
Repairs and New Materials					
Test After Repairs	(Mark One) Leaked _____	(Mark One) Leaked _____	Opened at _____ lbs.	(Mark One) Leaked _____	(Mark One) Leaked _____
	Closed Tight _____	Closed Tight _____	Differential Pressure	Closed Tight _____	Closed Tight _____
	Diff Press _____	Diff Press _____			

Above data certified to be correct

Tester Signature: _____ Certification Number: _____

Company Name: _____ Company Telephone No.: _____

Tester's Cell No: _____

Category: _____ General _____ Limited _____ Inspector Tester

Method of Testing: _____ Test Kit Used: _____

Comments: _____

ALL TESTING MUST BE CONDUCTED IN ACCORDANCE WITH METHODS CURRENTLY APPROVED BY CITY OF ANDERSON / ELECTRIC CITY UTILITIES AND THE SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL (SC DHEC).

Please fill in all of the following information on the Backflow Device Test Report Form:

- Date:** The date the device is tested
- Customer Name/Business Name:** Name of resident(s) or business who is responsible for cross connection device
- Street Address:** Actual address of resident(s) or business where device is located
- Account Address (if different than Street Address):** Address where resident(s) or business receives utility bill by mail
- Device Manufacturer:** Business name who manufactured cross connection control device
- Meter Number:** Identification number stamped on water meter
- Device Type:** Indicate whether device is a Double Check Valve Assembly (DCVA), Reduced Pressure Principle Backflow Prevention Assembly (RP Assembly), or Pressure Vacuum Breaker Assembly (PVB)
- Meter Reading:** Write all numbers indicated on the register of the meter. Meter readings display a reading in cubic feet
- Device Serial Number:** Identification number stamped on cross connection control device
- Device Model Number:** Specific model number of device as assigned by device manufacturer
- Device Location:** The physical location of the meter (i.e., directly behind meter, distance and direction from house, specific location inside building, in dedicated fire line pit, etc.)
- Size:** The size of the cross connection device in inches
- Tested By (PRINT):** Print tester's name legibly
- Time of Test:** Time of day the test takes place
- Name of Alarm Company Called:** This is applicable for devices on dedicated fire lines. Write the name of the business called to alert them that an alarm may be sounded while they conduct a test on the cross connection control device associated with a fire suppression system

- Tester Signature:** The tester must sign his name certifying that all data is certified to be correct
- Certification Number:** Current SC DHEC Backflow Prevention Certification Number
- Company Name:** Name of company that tester is employed by
- Company Telephone Number:** Telephone number for company that tester is employed by
- Tester's Cell Phone Number:** Cell phone number of the tester
- Category:** Put a check mark beside the appropriate tester certification type assigned by SC DHEC
- Method of Testing:** Indicate "Direction of Flow" or "Differential Pressure"
- Test Kit Used:** Make and model of differential gauge used
- Comments:** Additional comments that may be relevant to the test

Test Results Table

Please indicate by either a check mark or a number (recorded to at least tenths) in the appropriate box. If the valves closed tight during the test indicate this by placing a check mark on the appropriate line beside "Closed Tight."

If any of the valves leaked during the test place a check mark on the appropriate line beside "Leaked." If the device leaked then it must be repaired as soon as possible (but no later than 20 business days after the failed test) and retested. This must be repeated until there are no leaks on the device. Repairs made to the device must be indicated on the test form in the appropriate box on the row labeled "Repairs and New Materials."

If a differential gauge is used to test then the readings must be documented on the test report form. A differential gauge is required on all RP assemblies and PVBs but is optional on DCVAs. All test results must meet criteria defined in the most recent City of Anderson / Electric City Utilities Cross Connection Control Policy. Below is a table stating minimum testing standards for each type of device:

HIGH HAZARD[^]			
To be tested by a three (3) hose or five (5) hose differential gauge only			
	Check Number 1	Check Number 2	Air Inlet Valve or Relief Valve
Reduced Pressure Principal Backflow Prevention Assembly (RP assembly)	5.0 psi minimum 11.0 psi max	1.0 psi minimum 4.0 psi max	2.0 psi minimum 5.0 psi max
Pressure Vacuum Breaker Assembly (PVB)	1.0 psi minimum 4.0 psi max		1.0 psi maximum 4.0 psi max

LOW HAZARD[^]	
Tested using the Direction of Flow test	
Double Check Valve Assembly (DCVA)	<u>Both</u> check valves must close tight using a vertical tube that is operated in accordance with standardized DHEC testing requirements.
Tested using the Differential Pressure test using a three (3) hose or five (5) hose differential gauge	
Double Check Valve Assembly (DCVA)	<u>Both</u> check valves must close tight and maintain a minimum of 1.0 psi.

[^] Based on Table 1 of the City of Anderson / Electric City Utilities Cross Connection Control Policy