



**PUBLIC UTILITIES DEPARTMENT**

**Please remit to Post Office Drawer 1075; Atten: Backflow; City of Conway, SC 29528.**

Date \_\_\_\_\_ Customer Name \_\_\_\_\_ Phone # \_\_\_\_\_

Account # \_\_\_\_\_ Meter # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tested Date \_\_\_\_\_ TESTED BY (PRINT) \_\_\_\_\_

DEVICE LOCATION \_\_\_\_\_

Is Device Connected to a Fire Line YES  NO  Is this a Business YES  NO

Device Name \_\_\_\_\_ Type \_\_\_\_\_ Size \_\_\_\_\_

Model # \_\_\_\_\_ Serial # \_\_\_\_\_

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

Above data certified to be correct.

Tester Signature: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Telephone: \_\_\_\_\_

Category: \_\_\_\_\_ GENERAL \_\_\_\_\_ LIMITED \_\_\_\_\_ INSPECTOR TESTER \_\_\_\_\_

Method of Testing: \_\_\_\_\_ Test Kit Used: \_\_\_\_\_

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

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www.cityofconway.com