

*MAYOR*  
Barbara Blain-Bellamy

*MAYOR PRO TEM*  
Randle L. Alford



*COUNCIL MEMBERS*  
Thomas J. "Tom" Anderson II  
William M. Goldfinch IV  
Ashley Smith  
Jean M. Timbes  
Larry A. White

**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: \_\_\_\_\_