



Dorchester County Water & Sewer Department

235 Deming Way, Summerville, SC 29483
Phone: (843) 832-0075 – Attn: Backflow Dept

Email report to: waterandsewer@dorchestercountysc.gov

Passed

Failed

Office Use Only:

Approval

FIELD TEST REPORT

Fill out completely and submit within seven (7) days of testing

Test Date: _____ Account Name/Business Name: _____

Account Number: _____ Address: _____

Type: _____ Make: _____ Model #: _____ Size: _____ Serial #: _____

Assembly Location: _____

| Reduced Pressure Principle Assembly | | | | |
|-------------------------------------|---|---|---|---------------------------------------|
| Double Check Valve Assembly | | | PVB | |
| Test Before Repairs | Check Valve # 1 | Check Valve # 2 | Relief Valve | Air Inlet |
| | Leaked <input type="checkbox"/> | Leaked <input type="checkbox"/> | Differential Pressure held tight at _____ psi | Opened at _____ psi |
| | Closed Tight <input type="checkbox"/> | Closed Tight <input type="checkbox"/> | | Did not open <input type="checkbox"/> |
| | Differential Pressure held tight at _____ psi | Differential Pressure held tight at _____ psi | Shutoff Valve # 2 | Check Valve |
| | | | Leaked <input type="checkbox"/> | Held tight at _____ psi |
| | | | Closed Tight <input type="checkbox"/> | Leaked <input type="checkbox"/> |
| Repairs & New Material | | | | |
| Test After Repairs | Check Valve # 1 | Check Valve # 2 | Relief Valve | Air Inlet |
| | Leaked <input type="checkbox"/> | Leaked <input type="checkbox"/> | Differential Pressure held tight at _____ psi | Opened at _____ psi |
| | Closed Tight <input type="checkbox"/> | Closed Tight <input type="checkbox"/> | | Did not open <input type="checkbox"/> |
| | Differential Pressure held tight at _____ psi | Differential Pressure held tight at _____ psi | Shutoff Valve # 2 | Check Valve |
| | | | Leaked <input type="checkbox"/> | Held tight at _____ psi |
| | | | Closed Tight <input type="checkbox"/> | Leaked <input type="checkbox"/> |

Comments: _____

Test Affidavit

Test must be a general, limited, or inspector tester duly certified by the SCDHEC and approved by DCW&S. Repair materials used must be original manufacturer's parts. I have provided a copy of this report to the customer and am responsible for sending the original passing or failing report to DCW&S Cross Connection Control Department within (7) days of testing the assembly. I hear by certify that the above testing and/or repair was performed by myself, _____, and the information is correct.

Tested By (print): _____ DHEC Cert. NO.: _____

Company Name: _____ Company Phone NO.: _____

Method of Testing: _____ Test Kit Used: _____

| | | |
|--|-------------|-------------|
| Repaired/Tested By: _____ | Date: _____ | Time: _____ |
| Installed By: _____ | Date: _____ | Time: _____ |
| <input type="checkbox"/> Is this a new assembly? If yes, check block and provide make, model, size, and serial number of assembly removed: _____ | | |