

Backflow Device Certification Form

Cross Connection Control Program / Field Testing and Maintenance Report Form / Backflow Prevention Devices
For City of Goose Creek, SC

Certified Tester

Print Name	Company Name
Address	
Phone Number	FAX

Customer:	Type: Size: Make: Model: Serial #: Application: Water Meter #: Account #:
Service Address:	
Billing Address: (if different)	

Comments:

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

Tested By: _____	ABOVE DATA CERTIFIED TO BE CORRECT:
Method of Testing: _____	
Test Kit Used: _____	Signature of Certifier: _____
Date of Test: _____	Certification Number: _____
	Expiration Date: _____

The Safe Drinking Water Act monitored by SC Department of Health and Environmental Control requires that all water purveyors in the State protect the water system from potential backflow and back siphonage by the installation of backflow devices on specified water customers. This document is the certification for the backflow device installed at the above named service address pursuant to these requirements.

INFORMATION FOR TESTERS

- If device fails the initial test, this form should indicate the failing test, the repairs made, and the passing test.
- If device requires replacement, please contact Chick Foster at Goose Creek Public Works, 824-2200, extension 270, to ensure new device will meet all current standards set by SCDHEC and The City of Goose Creek.
- This form must be returned to Goose Creek Public Works, P. O. Drawer 1768, Goose Creek, SC 29445 within seven (7) days of testing – FAX 863-5218. Testers should submit a current test device calibration certification to the City.