



PUBLIC UTILITIES DEPARTMENT

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

Date: 04/01/2023

Customer Name: _____

Account # _____

Meter # _____

Radio Read # _____

Mailing Address: _____

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: 843-248-1770

Category: _____ GENERAL _____ LIMITED _____

INSPECTOR TESTER _____

Method of Testing: _____

Test Kit Used: _____

Comments: _____

2940 Jerry Barnhill Blvd ◊ Post Office Box 1075

Conway, South Carolina 29528-1075

Telephone (843) 248-1770 ◊ Fax (843) 397-2882

www.cityofconway.com