



City of Cayce Backflow Test Report Form  
 1800 12<sup>th</sup> Street, Cayce, SC 29033 – Phone: 803-550-9542 – Fax: 803-739-5386  
 Email: [ktaylor@caycesc.gov](mailto:ktaylor@caycesc.gov)

**THIS FORM MUST BE FILLED OUT COMPLETELY – MAKE CORRECTIONS IF NECESSARY**

**Name/Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Meter Number:** \_\_\_\_\_

**Serial Number:** \_\_\_\_\_

**Device Size:** \_\_\_\_\_

**Device Name/Model Number:** \_\_\_\_\_

(√) Type of Device: ( ) DCVA ( ) DDCVA ( ) Reduced Pressure ( ) Fire Line ( ) Irrigation

Device Location: \_\_\_\_\_

Tested by (Print) \_\_\_\_\_ Date Tested: \_\_\_\_\_ Passed ( ) Failed ( )

	Check 1		Check 2		Air-Inlet Valve or Relief Valve	#1 Gate or Ball (Circle One)	#2 Gate or Ball (Circle One)
<b>Test Before Repairs</b>	(Mark One) Leaked _____ Closed Tight _____		(Mark One) Leaked _____ Closed Tight _____		Opened at _____ lbs. of Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Diff Press		Diff Press				
<b>Repairs and New Materials</b>					<b>Date Repairs Made:</b>		
<b>Tests After Repairs</b>	(Mark One) Leaked _____ Closed Tight _____		(Mark One) Leaked _____ Closed Tight _____		Opened at _____ lbs. of Differential Pressure	(Mark One) Leaked _____ Closed Tight _____	(Mark One) Leaked _____ Closed Tight _____
	Diff Press		Diff Press				

**By signing below I certify that the above data is correct**

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

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Company Telephone No.: \_\_\_\_\_ Fax No. \_\_\_\_\_ Email Address \_\_\_\_\_

Category: General Tester: ( ) Limited Tester: ( ) Inspector Tester: ( )

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

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