

JOINT MUNICIPAL WATER & SEWER COMMISSION

TEL: (803) 359-8373

FAX: (803) 359-6553

EMAIL: BACKFLOW@LCJMWSC.COM

ALL FIELDS MUST BE COMPLETED

Date: _____

Account Name: _____

Account Address: _____

Account Number: _____ Meter Number: _____

Device Name: _____ Model Number: _____

Serial Number: _____ Size: _____

Device Location: _____

Tested by (PRINT): _____

	Check No. 1	Check No. 2	Air-Inlet Or Relief Valve	(Mark One) #1 Gate #1 Ball	(Mark One) #2 Gate #2 Ball
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 _____
	Diff Press	Diff Press			
Repairs And New Materials					
Test After 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 _____
	Diff Press	Diff Press			

Above data certified to be correct.

Device: Passed _____ Failed _____

Tester Signature: _____ Certification Number: _____

Company Name: _____ Company Telephone Number: _____

Category: _____ General _____ Limited _____ Inspector Tester

Method of Testing: _____ Test Kit Used: _____

Comments: _____
