



HARFORD COUNTY

INSPECTIONS, LICENSES & PERMITS

Backflow Device Test Report

Name of Premises						
Service Address						
Location of Device						
Device Info	Manufacturer	Model	Size & Serial Number			
Line Pressure at Time of Test _____ LBS		Pressure Drop Across First Check Valve _____ LBS				
INITIAL TEST	Check Valve No. 1		Check Valve No. 2		Differential Pressure Relief Valve	
	1. Leaked	<input type="checkbox"/>	1. Leaked	<input type="checkbox"/>	1. Leaked	<input type="checkbox"/>
	2. Closed tight	<input type="checkbox"/>	2. Closed tight	<input type="checkbox"/>	2. Closed tight	<input type="checkbox"/>
R E P A I R S	Cleaned	<input type="checkbox"/>	Cleaned	<input type="checkbox"/>	Cleaned	<input type="checkbox"/>
	Replaced	<input type="checkbox"/>	Replaced	<input type="checkbox"/>	Replaced	<input type="checkbox"/>
	Disc	<input type="checkbox"/>	Disc	<input type="checkbox"/>	Disc Upper	<input type="checkbox"/>
	Spring	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Disc Lower	<input type="checkbox"/>
	Guide	<input type="checkbox"/>	Guide	<input type="checkbox"/>	Spring	<input type="checkbox"/>
	Pin Retainer	<input type="checkbox"/>	Pin Retainer	<input type="checkbox"/>	Diaphragm Large	<input type="checkbox"/>
	Hinge Pin	<input type="checkbox"/>	Hinge Pin	<input type="checkbox"/>	Upper	<input type="checkbox"/>
	Seat	<input type="checkbox"/>	Seat	<input type="checkbox"/>	Lower	<input type="checkbox"/>
	Diaphragm	<input type="checkbox"/>	Diaphragm	<input type="checkbox"/>	Diaphragm Small	<input type="checkbox"/>
	Other, Describe	<input type="checkbox"/>	Other, Describe	<input type="checkbox"/>	Upper	<input type="checkbox"/>
				Lower	<input type="checkbox"/>	
				Space	<input type="checkbox"/>	
				Other, Describe	<input type="checkbox"/>	
FINAL TEST	Closed tight	<input type="checkbox"/>	Closed tight	<input type="checkbox"/>	Opened at _____ lbs. reduced pressure.	

Remarks: _____

The above report is certified to be true:	
Return Report to the Harford County Department of Inspections, Licenses, and Permits Plumbing@harfordcountymd.gov 410-638-3215	Tested by Certification No.
	Repaired by Certification No.
	Final Test by Certification No.