

# JOINT MUNICIPAL WATER & SEWER COMMISSION

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**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	# 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.  Differential Pressure	(Mark One) Leaked _____ Closed _____ Tight _____	(Mark One) Leaked _____ Closed _____ Tight _____
	Diff Press	Diff Press			
<b>Repairs And New Materials</b>					
<b>Test After Repairs</b>	(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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_