



Public Utilities Cross Connection Program Containment Backflow Allowance Verification Form

Company Name: _____

Service Address: _____ Meter #: _____

Location: _____ Pin: _____

Information on containment backflow assembly for the meter listed above:

Size: _____ Manufacturer: _____ Model: _____

Serial #: _____

Note: Form must be submitted with a copy of a current passing operational test and a **Backflow Assessment Form**.

Licensed Plumber/Professional Engineer/City of Raleigh Certified Tester

Identification of Responsibilities

I hereby state that the above information is correct and complete to the best of my knowledge and is in compliance with all applicable City of Raleigh Public Utilities ordinance, handbook, and NC Plumbing Code except where noted. I understand that falsification of any statement is considered a willful violation and could subject licensed plumber, City of Raleigh Certified Tester and/or professional engineer to civil penalties or fines.

Name of Professional (_____) _____ - _____
Phone

Address City State Zip Code

Signature Date

P.E. Original Stamp/Seal or
Plumbing/Certified Tester License
Number

Owner

I hereby state that I have authorized the above noted professional to perform the work specified herein. I understand that falsification of any statement is considered a willful violation which could result in civil penalties and fines.

Name of Property Owner (_____) _____
Phone

Address City State Zip Code

Signature of Owner Date
(Owner must be listed on deed registered with Wake County or filed with NC Secretary of State)

Office: 919-996-2742

Fax: 919-996-1868

cross.connection@raleighnc.gov

Go to www.raleighnc.gov

Search "Cross Connection"



Name of Owner: _____		Date: _____	
Service Address: _____			
Zip Code: _____			
Location of Assembly: _____		Line Pressure: _____ PSI	
Service Meter No. _____		Above Grade: <input type="checkbox"/> Below Grade: <input type="checkbox"/>	
Assembly Type: <input type="checkbox"/> RP <input type="checkbox"/> RPDA <input type="checkbox"/> DC <input type="checkbox"/> DCDA PVB		<input type="checkbox"/> New <input type="checkbox"/> Recertification <input type="checkbox"/> Replaced	
		<input type="checkbox"/> Domestic <input type="checkbox"/> Fire <input type="checkbox"/> Reuse Irrigation <input type="checkbox"/> Containment <input type="checkbox"/> Isolation	
Bypass Meter Reading: _____		Time of Test: _____ AM <input type="checkbox"/> PM <input type="checkbox"/>	
Manufacturer: _____		Assembly: <input type="checkbox"/> Passed <input type="checkbox"/> Failed	
Model: _____		Plumbing/Fire Permit# _____	
Size: _____ Serial #: _____			
Test Kit Model: _____		Serial No: _____	
Calibration Date: _____			
Relief Valve	No. 1 Check Valve	No. 2 Check Valve	Pressure Vacuum Breaker/Spill Resistant Vacuum Breaker
Opened At _____ PSID Step Buffer _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff. Pressure Across Check Valve _____ PSID	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Diff. Pressure Across Check Valve _____ PSID	Air Inlet Open At _____ PSID <input type="checkbox"/> Did Not Open Checkvalve <input type="checkbox"/> Leaked Held At _____ PSID
<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> RV Assembly
Opened At _____ PSID Buffer _____ PSID	<input type="checkbox"/> Closed Tight _____ PSID	<input type="checkbox"/> Closed Tight _____ PSID	Air Inlet _____ PSID Check Valve _____ PSID
Shut Off Valve #1		Shut Off Valve #2	
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight		<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight	
Please add serial number in comments section when replacing a backflow assembly. Comments: _____ _____			
I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly. Printed Name: _____ Signature: _____ Certification #: _____ Testing Company: _____ Phone: _____			
Passing reports are to be submitted within 15 days of testing For information concerning failed test reports, visit www.raleighnc.gov-Cross Connection Control Program			