



CHESTERFIELD COUNTY
DEPARTMENT OF UTILITIES
9840 Government Center Parkway
P. O. Box 608
Chesterfield, Virginia 23832-0009
Phone (804) 748-1280 Fax (804) 751-4437



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

An annual test is required on all field-testable backflow prevention assemblies

PART 1 - OWNER INFORMATION

Date:

Owner First Name:		Owner Last Name:	
Mailing Address:		City:	State: VA Zip:
Service Address (if other than above):			
Phone:	Fax:	Permit No. (if applicable):	
Contact Name (if other than above):		Title:	

PART 2 – ASSEMBLY INFORMATION

Type (circle/check):	RP	RPD	DC	DDC	PVB	SVB	Existing <input type="checkbox"/>	New <input type="checkbox"/>	Replacement <input type="checkbox"/>
Manufacturer:	Size:		Model No.:			Serial No:			
Location of Assembly:									

PART 3 – TEST DATA

Supply Pressure _____ psi	<u>CHECK VALVE NO. 1</u>		<u>CHECK VALVE NO. 2</u>		<u>RELIEF VALVE</u>	
RP, RPD, DC or DDC	Closed Tight at _____ psid	Closed Tight at _____ psid		Opened at _____ psid		
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>		Did Not Open <input type="checkbox"/>		
PVB or SVB	No. 2 Shut-Off Valve		Leaked <input type="checkbox"/>	Held Tight <input type="checkbox"/>	Air Inlet Opened at _____ psid	Check Valve Held at _____ psid
	Air Inlet Did Not Open <input type="checkbox"/>		Check Valve Did Not Hold <input type="checkbox"/>			
	No. 2 Shut-Off Valve		Leaked <input type="checkbox"/>	Held Tight <input type="checkbox"/>		
Comments/Repairs Done/Parts Replaced, etc:						
TEST RESULT: PASS <input type="checkbox"/> FAIL <input type="checkbox"/> (Check One)						

PART 4 – TEST CERTIFICATION I have completed the test, re-opened the valves necessary to return the system served to its original operating condition, unless otherwise noted, and certify that the information provided herein is accurate and the test procedures comply with those published by the Foundation for Cross Connection Control and Hydraulics Research or those published in the most current edition of the American Society of Sanitary Engineering (ASSE) Series 5000 Professional Qualification Standards.

Company Name:		Address:	
City:	State:	Zip:	Phone:
Tester Printed Name:		Tester Signature: <i>Troy L. Lauer</i>	
Only a Virginia DPOR-issued Backflow Prevention Device Worker certification is accepted in Chesterfield County.		Certification No.	
Test Kit Manufacturer:		Model No.:	Date Last Calibrated:

A copy of this form must be retained for your records and a copy submitted to the Chesterfield County Cross Connection Control Coordinator at the address or fax number shown at the top of this page no later than 30 days after completion of the test.