



**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: 2-17-22

Owner First Name: <u>USARC VA 50</u>	Owner Last Name:		
Mailing Address: <u>6002 Strathmore Rd</u>	City: <u>North Chesterfield</u>	State: <u>VA</u>	Zip: <u>23232</u>
Service Address (if other than above):			
Phone: <u>410-688-0142</u>	Fax:	Permit No. (if applicable):	
Contact Name (if other than above): <u>Gabby</u>	Title:		

### PART 2 - ASSEMBLY INFORMATION

Type (circle/check): <u>RP</u>	<input type="checkbox"/> RPD	<input type="checkbox"/> DC	<input type="checkbox"/> DDC	<input type="checkbox"/> PVB	<input type="checkbox"/> SVB	Existing <input checked="" type="checkbox"/>	New <input type="checkbox"/>	Replacement <input type="checkbox"/>
Manufacturer: <u>Wilkins</u>	Size: <u>3/4"</u>	Model No.: <u>975XL</u>	Serial No: <u>4607038</u>					
Location of Assembly: <u>Mechanical/Boiler Room</u>								

### PART 3 - TEST DATA

Supply Pressure <u>80</u> psi	<u>CHECK VALVE NO. 1</u>		<u>CHECK VALVE NO. 2</u>		<u>RELIEF VALVE</u>	
	Closed Tight at <u>9.2</u> psid	Closed Tight at <u>2.4</u> psid	Opened at <u>2.4</u> psid			
RP, RPD, DC or DDC	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>			
	No. 2 Shut-Off Valve	Leaked <input type="checkbox"/>	Held Tight <input checked="" type="checkbox"/>			
PVB or SVB	Air Inlet Opened at _____ psid	Check Valve Held at _____ psid				
	Air Inlet <u>Did Not Open</u> <input type="checkbox"/>	Check Valve <u>Did Not Hold</u> <input type="checkbox"/>				
	No. 2 Shut-Off Valve	Leaked <input type="checkbox"/>	Held Tight <input checked="" type="checkbox"/>			
TEST RESULT: PASS <input checked="" type="checkbox"/> FAIL <input type="checkbox"/>		Comments/Repairs Done/Parts Replaced, etc:				
(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: <u>Moore's Electrical &amp; Mechanical</u>	Address: <u>101 Edge wood Ave</u>		
City: <u>Altavista</u>	State: <u>VA</u>	Zip: <u>24517</u>	Phone: <u>434-369-4374</u>
Tester Printed Name: <u>Brad Williams</u>		Tester Signature: <u>Brad Williams</u>	
Only a Virginia DPOR-issued Backflow Prevention Device Worker certification is accepted in Chesterfield County.		Certification No. <u>2717058310</u>	
Test Kit Manufacturer: <u>Mid West</u>	Model No.: <u>845</u>	Date Last Calibrated: <u>5-21-21</u>	

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.