



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

PART 2 - ASSEMBLY INFORMATION

Type (circle/check): <input checked="" type="checkbox"/> RP <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: Wilkins	Size: 3/4" Model No.: 975XL Serial No: 4607038
Location of Assembly: Mechanical/Boiler Room	

PART 3 - TEST DATA

Supply Pressure 80 psi	CHECK VALVE NO. 1	CHECK VALVE NO. 2	RELIEF VALVE
RP, RPD, DC or DDC	Closed Tight at 9.2 psid	Closed Tight at 2.4 psid	Opened at 2.4 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 checked="" 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 checked="" type="checkbox"/>		
Comments/Repairs Done/Parts Replaced, etc:			
TEST RESULT: PASS <input checked="" 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: moore's Electrical & Mechanical	Address: 101 Edge wood Ave		
City: Altavista	State: VA	Zip: 24517	Phone: 434-369-4374
Tester Printed Name: Brad Williams	Tester Signature: Brad Williams		
Only a Virginia DPOR-issued Backflow Prevention Device Worker certification is accepted in Chesterfield County.		Certification No. 2717058310	
Test Kit Manufacturer: Mid West	Model No.: 845	Date Last Calibrated: 5-21-21	

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.