

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



Town of Culpeper
 Department of Public Works
 Cross Connection Unit
 400 S. Main St. Culpeper, VA 22701
 (540) 825-8671

TAG #: _____ TEST DATE: _____ *Please note that this form must be fully completed in order to be accepted.*

NAME OF PREMISE: _____ Commercial Residential

SERVICE ADDRESS: _____ CITY: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____ FAX: _____

LOCATION OF ASSEMBLY: _____

DOWNSTREAM PROCESS: _____ DCVA RPBA PVBA OTHER: _____

NEW INSTALLATION EXISTING REPLACEMENT OLD ASSEMBLY SERIAL NUMBER: _____

MAKE OF ASSEMBLY: _____ MODEL: _____ SERIAL NO.: _____ SIZE: _____

INITIAL TEST	<u>DCVA/RPBA CHECK VALVE NO.1</u>	<u>DCVA/RPBA CHECK VALVE NO.2</u>	<u>RPBA</u>	<u>PVBA</u>
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	AIR INLET OPENED AT _____ PSID NOT OPEN <input type="checkbox"/>
NEW PARTS REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> PART <input type="checkbox"/>	<u>CHECK VALVE</u>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID
LINE PRESSURE Inlet: _____ PSID Outlet: _____ PSID	#1 SHUT OFF VALVE CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>	#2 SHUT OFF VALVE CLOSED TIGHT <input type="checkbox"/> LEAKED <input type="checkbox"/>	<u>CHEMICAL ADDITION</u> Purpose: _____ Chemical Name: _____ _____	<u>REMARKS:</u>

**RPBA CHECK VALVE #1 MUST HOLD MINIMUM OF 5 PSID AND RELIEF PORT SHOULD OPEN MINIMUM 2 PSID.
 DCVA CHECKS #1 & #2 MUST HOLD MINIMUM OF 1 PSID.**

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes No **Detector Meter Reading** _____

TESTER'S SIGNATURE: _____ CERT. NO.: _____ CERT. EXP.: _____

TESTER'S NAME PRINTED: _____ TESTERS PHONE # () _____

FINAL TEST BY: _____ CERT. NO.: _____ DATE: _____

GAUGE MANUFACTURER: _____ GAUGE MODEL # _____ GAUGE SERIAL # _____

GAGE CALIBRATION DATE: ____/____/____ WATER SERVICE RESTORED YES NO