



Local Roots, Global Reach  
**ISLE OF WIGHT**  
 COUNTY, VIRGINIA



**Backflow Prevention Assembly Test Report**

Name of Premises/Owner \_\_\_\_\_

Location Address \_\_\_\_\_

Use and Location of Assembly \_\_\_\_\_

Assembly: \_\_\_\_\_

Manufacturer	Model	Size	Serial #
Line pressure at time of test: _____ psi			
<b>Circle One: EXISTING / REPLACEMENT / NEW DEVICE</b>			
<b>Reduced Pressure Zone Assembly</b>	<b>Requirements</b>	<b>Initial Test</b>	<b>Repairs</b>
Check Valve # 1	Closed tight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pressure drop across Check Valve #1	Min. of 5.0 psid	(A) _____ psid	
Check Valve #2	Closed tight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Differential Pressure Relief Port	Must open at Min. of 2.0 psid	Opened at (B) _____ psid	
Pressure Buffer	A – B = or > 3.0 psid	_____ psid	
<b>Double Check Valve Assembly</b>	<b>Requirements</b>	<b>Initial Test</b>	<b>Repairs</b>
Check Valve # 1	Closed tight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Min. of 1.0 psid	_____ psid	
Check Valve #2	Closed tight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Min. of 1.0 psid	_____ psid	
<b>Pressure/Spill-resistant Vacuum Breaker</b>	<b>Requirements</b>	<b>Initial Test</b>	<b>Repairs</b>
Air Inlet	Opened?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Min. of 1.0 psid	_____ psid	
Check Valve	Closed tight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Min. of 1.0 psid	_____ psid	

Remarks: \_\_\_\_\_

**Certification:** "I have completed the above test and hereby certify that this Backflow Prevention Assembly performs satisfactorily and meets all Federal, State and local codes and regulations as required."

Tester Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

License # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Licensed/Certified by \_\_\_\_\_

Test Kit Model & Serial# \_\_\_\_\_ Calibration Date \_\_\_\_\_

Testing Company \_\_\_\_\_ Phone # \_\_\_\_\_

Company Address \_\_\_\_\_

Re-Tester Name _____	Signature _____	Date _____
License # _____	Expiration Date _____	Licensed/Certified by _____
Test Kit Model & Serial# _____	Calibration Date _____	

**Please mail the original test form to the waterworks that serves the premises:**

**Town of Smithfield**  
 P.O. Box 246  
 Smithfield, VA 23431  
 Attn: Backflow Administrator  
 Mail Only

**Isle of Wight County**  
 P.O. Box 108  
 Isle of Wight, VA 23397  
 Attn: Philip Jones  
 Backflow-FOG-Compliance@iwus.net

**Town of Windsor**  
 P.O. Box 307  
 Windsor, VA 23487  
 Attn: Kenneth Sims  
 ksims@windsor-va.gov