

# 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   | DCVA/RPBA CHECK VALVE NO.1   | DCVA/RPBA CHECK VALVE NO.2  | RPBA  | PVBA   |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
|--|--|---|---|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--|-------|---------|------|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--|-------|---------|------|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--------------------------|--------------------------|--|--|
| PASSED <input type="checkbox"/><br>FAILED <input type="checkbox"/> | LEAKED <input type="checkbox"/><br>CLOSED TIGHT <input type="checkbox"/><br>_____ PSID   | LEAKED <input type="checkbox"/><br>CLOSED TIGHT <input type="checkbox"/><br>_____ PSID        | OPENED AT _____ PSID<br>#1 CHECK _____ PSID<br>AIR GAP OK? _____            | AIR INLET<br>OPENED AT _____ PSID<br>NOT OPEN <input type="checkbox"/> |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| NEW PARTS REPAIRS  | <table style="width: 100%; border: none;"> <tr> <td style="border: none;">CLEAN</td> <td style="border: none;">REPLACE</td> <td style="border: none;">PART</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> </table> | CLEAN   | REPLACE   | PART   | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  | <table style="width: 100%; border: none;"> <tr> <td style="border: none;">CLEAN</td> <td style="border: none;">REPLACE</td> <td style="border: none;">PART</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> </table> | CLEAN | REPLACE | PART | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  | <table style="width: 100%; border: none;"> <tr> <td style="border: none;">CLEAN</td> <td style="border: none;">REPLACE</td> <td style="border: none;">PART</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"></td> </tr> </table> | CLEAN | REPLACE | PART | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  | <input type="checkbox"/> | <input type="checkbox"/> |  | <b>CHECK VALVE</b><br>HELD AT _____ PSID<br>LEAKED <input type="checkbox"/><br>CLEANED <input type="checkbox"/><br>REPAIRED <input type="checkbox"/> |
| CLEAN  | REPLACE  | PART  |   |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   |   |   |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   |   |   |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   |   |   |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   |   |   |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| CLEAN  | REPLACE  | PART  |   |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   |   |   |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   |   |   |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   |   |   |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   |   |   |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| CLEAN  | REPLACE  | PART  |   |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   |   |   |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   |   |   |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   |   |   |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| <input type="checkbox"/>   | <input type="checkbox"/>   |   |   |  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| TEST AFTER REPAIRS   | CLOSED TIGHT <input type="checkbox"/><br>_____ PSID  | CLOSED TIGHT <input type="checkbox"/><br>_____ PSID   | OPENED AT _____ PSID<br>#1 CHECK _____ PSID                                 | AIR INLET _____ PSID<br>CHK VALVE _____ PSID                           |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |
| LINE PRESSURE<br>Inlet: _____ PSID<br>Outlet: _____ PSID           | #1 SHUT OFF VALVE<br>CLOSED TIGHT <input type="checkbox"/><br>LEAKED <input type="checkbox"/>  | #2 SHUT OFF VALVE<br>CLOSED TIGHT <input type="checkbox"/><br>LEAKED <input type="checkbox"/> | <b>CHEMICAL ADDITION</b><br>Purpose: _____<br>Chemical Name: _____<br>_____ | <b>REMARKS:</b><br><br>  |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |       |         |      |                          |                          |  |                          |                          |  |                          |                          |  |                          |                          |  |  |

**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