



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			
Circle One: EXISTING / REPLACEMENT / NEW DEVICE			
Reduced Pressure Zone Assembly	Requirements	Initial Test	Repairs
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	
Double Check Valve Assembly	Requirements	Initial Test	Repairs
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	
Pressure/Spill-resistant Vacuum Breaker	Requirements	Initial Test	Repairs
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