

CITY OF MANASSAS UTILITIES DEPARTMENT/ WATER & SEWER

8500 Public Works Drive Manassas, VA 20110

Telephone: 703/257-8380 Fax: 703/257-5277

BACKFLOW PREVENTION DEVICE TEST REPORT

(A Separate Form is required for Each Device Tested)

REPORT MUST BE COMPLETE AND LEDGABLE

PART A: GENERAL INF	ORMATION	V						
Facility Name:								
Address:			4					
Point of Contact (Name): Phone:								
Location of Backflow Preve								
Equipment or System Serve								
Type of Device (circle one): RPZ DCV PVB			AVB Other (write in):					
Condition of Device (circle one): New Existing				Replacement Size:				
Mfgr: Serial No.								
PART B: TEST RESULTS	S							
Water supply pressure at time of test: ps								
Apparent/static pressure drop across 1st check valve (3.0 minimum):								
INITIAL TEST	No. 1 Check Valve			No. 2 Check Valve			Diff. Relief Valve	
(circle selection)		Leaked		Leaked		Opened @psid		
(43334 3334 343	l l			1				
	C	losed Tight		İ	Closed Tight		Did not open	
PASS	Shut-off V	Marie Committee of the	all of your books	Closed T	THE RESIDENCE OF THE RESIDENCE OF		Leaked	
11100			Air Inlet			Check Valve		
FAIL	PVB		Opened (Closed tight @_	psid	
PAIL			Did Not Open					
FINAL TEST No. 1 Check Valve			alve	No. 2 Check Valve			Diff. Relief Valve	
(circle selection)	Leaked		arve	Leaked		Opened @ psid		
(chele selection)		Lounou		l	Boukou		opened (g	pord
	C	losed Tight			Closed Tight		Did not open	T
PASS	Shut-off Valve No. 2		Closed Tight			Leaked		
TIAGO	Shut-on varye 100.2		Air Inlet			Check Valve		
FAIL	PVB		Opened @ psid		Closed tight @ psid			
TAIL			Did Not Open			-		
Additional Information/Con	monta/Maint	onanao Dorf	armod/Dar	The same of the sa	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	Name of Street, or other Designation of the Owner, where the Owner, which		-
Additional information/Con	iments/iviaint	enance Peri	officed/Par	is Replaced	1;	X		
SALUA DE SALVA DE SA	Letter species solving				CONTRACTOR OF STREET	COLUMNIC PROPERTY.		
	THE REAL PROPERTY.			1.0103723		DESCRIPTION OF REAL PROPERTY.		CHEST SELECTION
PART C: CERTIFICATION	<u>ON</u>						,	
I hereby o	ertify that tl	ne informat	ion provid	led in this	report was t	rue at the	time of the test.	
(First)	1			(MI)		(Last)		
Print Name				(Last)				
1 11110 1 (011110				1				
Signature:								
City Registration Card No:								
Downit No. (if our liable)								
Permit No. (if applicable): Test Date:								JANEAN SECTION
Original - City of Manassas Copy- ow	ner/occupant							