

County of Stafford, Virginia  
 Abel Lake W.T.F.  
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Date: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Name of Premises: \_\_\_\_\_  
 Service Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Line Pressure: \_\_\_\_\_  
 Model: \_\_\_\_\_ Influent: \_\_\_\_\_  
 Serial: \_\_\_\_\_ Effluent: \_\_\_\_\_  
 Size: \_\_\_\_\_ Device Location: \_\_\_\_\_

RPZ  DCVA  PVB  AVB  AG

Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Drop Across C.V. # 1 Held At: _____ PSI	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Drop Across C.V. # 2 Held At: _____ PSI	<input type="checkbox"/> Did Not Open Opened At: _____ PSI	Air Inlet opened at: _____ PSI <input type="checkbox"/> Did Not Open Check Valve: <input type="checkbox"/> Leaked _____ PSI

Condition of No. 1 Control Valve: Closed Tight  Leaking   
 Condition of No. 2 Control Valve: Closed Tight  Leaking

I hereby certify that the data in this report is accurate and reflects the proper operation of the unit and I certify that the testing was done under the latest ASSE 5000 test procedures.

Passed  Failed

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

Tester Certification #: \_\_\_\_\_ Gauge Manufacturer: \_\_\_\_\_  
 Name of Tester: \_\_\_\_\_ Model Number: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Company Phone #: \_\_\_\_\_ Calibration Date: \_\_\_\_\_