

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



Please return report to:
 Utilities, City of Colonial Heights
 2701 Conduit Road
 Colonial Heights, VA 23834
 ATTN: RANDY CARTER

INSTALL ID: _____ ACCOUNT #: _____

NAME OF PREMISE: _____ Commercial Residential

SERVICE ADDRESS: _____ CITY: Colonial Heights ZIP: 23834

CONTACT PERSON: _____ PHONE: _____ FAX: _____

LOCATION OF ASSEMBLY: _____

USE OF ASSEMBLY: _____ 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 AIR INLET
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID RELIEF PORT	OPENED AT _____ PSID NOT OPEN <input type="checkbox"/>
NEW PART REPAIRS	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> 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"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> 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"/> <input type="checkbox"/> <input type="checkbox"/>	CLEAN <input type="checkbox"/> REPLACE <input type="checkbox"/> 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"/> <input type="checkbox"/> <input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	CLOSED TIGHT <input type="checkbox"/> _____ PSID	CLOSED TIGHT <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes No Detector Meter Reading _____

REMARKS: _____

TEST DATE: _____ LINE PRESSURE AT TIME OF TEST: _____

TESTERS SIGNATURE: _____ CERT. NO. _____ DATE _____

TESTER'S NAME PRINTED: _____ TESTERS PHONE # () _____

REPAIRED BY: _____ CERT. NO. _____ DATE _____

FINAL TEST BY: _____ CERT. NO. _____ DATE _____

GAGE CALIBRATION DATE ____/____/____ WATER SERVICE RESTORED YES NO

CITY OF COLONIAL HEIGHTS WATER DEPARTMENT PHONE # 804-524-8794 FAX # 804-520-9279