

BACKFLOW PREVENTION ASSEMBLY TEST REPORT



County of Culpeper
 Environmental Services
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Test Date _____ Tag # _____

Name of premise _____ Commercial / Residential _____

Service Address _____ City _____ Zip _____

Contact Person _____ Phone (____) _____ Fax(____) _____

Location of Assembly _____

Downstream Process _____ CIRCLE ONE: DCVA / RPBA / PVBA / Other _____

New Installation / Existing / Replacement / Old Assembly Serial Number: _____

Make of Assembly _____ Model _____ Serial No. _____ Size _____

CIRCLE ALL THAT APPLY

<u>INITIAL TEST</u>	<u>DCVA/RPBA</u>	<u>DCVA/RPBA</u>	<u>RPBA</u>	<u>PVBA</u>
PASS	<u>CHECK VALVE #1</u>	<u>CHECK VALVE #2</u>	Opened at _____ PSID	AIR INLET
FAIL	Leaked	Leaked	#1 check _____ PSID	Opened at _____ PSID
	Closed tight	Closed tight	AIR GAP OK?	Not opened
	_____ PSID	_____ PSID		
<u>NEW</u>	<u>CLEAN/REPLACED PART</u>	<u>CLEAN/REPLACED PART</u>	<u>CLEAN/REPLACED PART</u>	<u>CHECK VALVE</u>
<u>REPAIRS</u>	Clean / Replaced _____	Clean / Replaced _____	Clean / Replaced _____	Held at _____ PSID
	Clean / Replaced _____	Clean / Replaced _____	Clean / Replaced _____	Leaked
	Clean / Replaced _____	Clean / Replaced _____	Clean / Replaced _____	Cleaned
	Clean / Replaced _____	Clean / Replaced _____	Clean / Replaced _____	Repaired
<u>TEST AFTER</u>	Closed tight	Closed tight	Opened at _____ PSID	Air inlet _____ PSID
<u>REPAIRS</u>	_____ PSID	_____ PSID	#1 Check _____ PSID	Check Valve _____ PSID

RPBA CHECK VALVE #1 MUST HOLD A MIN OF 5 PSID AND RELIEF PORT SHOULD OPEN MIN OF 2 PSID.

DCVA CHECKS #1 & #2 MUST HOLD MIN OF 1 PSID.

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

Line Pressure _____ Remarks _____

Tester's Signature _____ Cert. No. _____ Cert. Expires _____

Tester's Name (Printed) _____ Tester's Phone #(____) _____

Final Test by _____ Cert. NO. _____ Date _____

Gauge Manufacture _____ Gauge Model # _____ Gauge Serial # _____

Gauge Calibration Date _____ Water Service restored Yes / No