



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? Min. of 5.0 psid	<input type="checkbox"/> Yes <input type="checkbox"/> No (A) _____ psid	<input type="checkbox"/> Yes <input type="checkbox"/> No (A) _____ psid
Pressure drop across Check Valve #1			
Check Valve #2	Closed tight?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Differential Pressure Relief Port	Must open at Min. of 2.0 psid	Opened at (B) _____ psid	Opened at (B) _____ psid
Pressure Buffer	A – B = or > 3.0 psid	_____ psid	_____ psid
Double Check Valve Assembly	Requirements	Initial Test	Retest
Check Valve # 1	Closed tight? Min. of 1.0 psid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ psid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ psid
Check Valve #2	Closed tight? Min. of 1.0 psid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ psid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ psid
Pressure/Spill-resistant Vacuum Breaker	Requirements	Initial Test	Repairs
Air Inlet	Opened? Min. of 1.0 psid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ psid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ psid
Check Valve	Closed tight? Min. of 1.0 psid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ psid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ 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
cdaughtrey@smithfieldva.gov**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