

# BACKFLOW PREVENTION ASSEMBLY TEST REPORT



Town of Culpeper  
 Department of Public Works  
 Cross Connection Unit  
 400 S. Main St. Culpeper, VA 22701  
 (540) 825-0285 Fax (540) 825-5374  
 www.culpeperva.gov

Test Date: \_\_\_\_\_ Tag # \_\_\_\_\_

NAME OF PREMISE: \_\_\_\_\_ Commercial  Residential

SERVICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

LOCATION OF ASSEMBLY: \_\_\_\_\_

DOWNSTREAM PROCESS: \_\_\_\_\_ 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 AIR GAP OK? _____	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/>																																													
NEW PAI REPAIRS	<table style="width: 100%; text-align: center;"> <tr> <td>CLEAN</td> <td>REPLACE</td> <td>PART</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<table style="width: 100%; text-align: center;"> <tr> <td>CLEAN</td> <td>REPLACE</td> <td>PART</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	<table style="width: 100%; text-align: center;"> <tr> <td>CLEAN</td> <td>REPLACE</td> <td>PART</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	CLEAN	REPLACE	PART	<input type="checkbox"/>	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> _____ CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>																																	
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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																																													

**RPBA CHECK VALVE #1 MUST HOLD MINIMUM OF 5 PSID AND RELIEF PORT SHOULD OPEN MINIMUM 2 PSID. DCVA CHECKS #1 & #2 MUST HOLD MINIMUM OF 1 PSID.**

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

LINE PRESSURE: \_\_\_\_\_ REMARKS: \_\_\_\_\_

TESTER'S SIGNATURE \_\_\_\_\_ CERT. NO. \_\_\_\_\_ Certification Expires: \_\_\_\_\_

TESTER'S NAME PRINTED \_\_\_\_\_ TESTERS PHONE # ( ) \_\_\_\_\_

FINAL TEST BY \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_

GAUGE MANUFACTURE \_\_\_\_\_ GAUGE MODEL # \_\_\_\_\_ GAUGE SERIAL # \_\_\_\_\_

GAGE CALIBRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ WATER SERVICE RESTORED YES  NO

OFFICE PHONE # 540-825-0285 CELL PHONE # 540-212-1918 FAX # 540-825-5374 Email- rskinner@culpeperva.gov