KING WILLIAM COUNTY
DEPARTMENT OF UTILITIES
180 Horse Landing Road #4
King William, VA 23086

Phone (804) 769-4962 **Fax (804)769-4964**

Email Test Reports To: jsluder@kingwilliamcounty.us

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

An annual test is required on all field-testable backflow prevention assemblies

PART 1 - OWNER INFORMATION Date:

Owner First Name:	Owner Last Name:		
Mailing Address:	City:	State: **VA**	Zip:
Service Address (if other than above):			
Phone:	Fax:	Permit No. (if applicable):	
Contact Name (if other than above):	Title:		

PART 2 – ASSEMBLY INFORMATION

Type (circle/check):	**RP**	**RPD**	**DC**	**DDC**	**PVB**	**SVB**	Existing ☐	New ☐	Replacement ☐
Manufacturer:	Size:	Model No.:	Serial No:						
Location of Assembly:									

PART 3 – TEST DATA

	CHECK VALVE NO. 1	CHECK VALVE NO. 2	RELIEF VALVE
Supply Pressure _____ psi **RP, RPD, DC or DDC**	Closed Tight at _____ psid Leaked ☐	Closed Tight at _____ psid Leaked ☐	Opened at _____ psid Did Not Open ☐
	No. 2 Shut-Off Valve Leaked ☐	Held Tight ☐	
PVB or SVB	Air Inlet Opened at _____ psid Air Inlet Did Not Open ☐	Check Valve Held at _____ psid Check Valve Did Not Hold ☐	
	No. 2 Shut-Off Valve Leaked ☐	Held Tight ☐	

TEST RESULT: PASS ☐ FAIL ☐ (Check One)	Comments/Repairs Done/Parts Replaced, etc:

PART 4 – TEST CERTIFICATION I have completed the test, re-opened the valves necessary to return the system served to its original operating condition, unless otherwise noted, and certify that the information provided herein is accurate and the test procedures comply with those published by the Foundation for Cross Connection Control and Hydraulics Research or those published in the most current edition of the American Society of Sanitary Engineering (ASSE) Series 5000 Professional Qualification Standards.

Company Name:		Address:	
City:	State:	Zip:	Phone:
Tester Printed Name:		Tester Signature:	
Only a Virginia DPOR-issued Backflow Prevention Device Worker certification is accepted in King William County.		Certification No.	
Test Kit Manufacturer:	Model No.:	Date Last Calibrated:	

A copy of this form must be retained for your records and a copy submitted to the King William County Utilities Department at the address or fax number shown at the top of this page no later than 30 days after completion of the test.