



GOOCHLAND COUNTY
 DEPARTMENT OF BUILDING INSPECTIONS
 1800 Sandy Hook Road, Suite 260
 Goochland, Virginia 23063
 Phone (804) 556-5815 Fax (804) 556-5651

BACKFLOW ASSEMBLY TEST REPORT

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

PART 1 - OWNER INFORMATION

Owner First Name:					Owner Last Name:					Date:	
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 <input type="checkbox"/>	New <input type="checkbox"/>	Replacement <input type="checkbox"/>		
Manufacturer:				Size:		Model No:		Serial No:			
Location of Assembly:											

PART 3 - TEST DATA

Supply Pressure _____ psi	<u>CHECK VALVE NO.1</u>			<u>CHECK VALVE NO.2</u>			<u>RELIEF VALVE</u>				
	Closed Tight at _____psid			Closed Tight at _____psid			Opened at _____psid				
RP, RPD, DC or DDC	Leaked <input type="checkbox"/>			Leaked <input type="checkbox"/>			Did Not Open <input type="checkbox"/>				
	No.2 Shut-Off Valve			Leaked <input type="checkbox"/>			Held Tight <input type="checkbox"/>				
PVB or SVB	Air Inlet Opened at _____psid			Check Valve Held at _____psid							
	Air Inlet <u>Did Not Open</u> <input type="checkbox"/>			Check Valve <u>Did Not Hold</u> <input type="checkbox"/>							
	No.2 Shut-Off Valve			Leaked <input type="checkbox"/>			Held Tight <input type="checkbox"/>				
TEST RESULT: PASS <input type="checkbox"/> FAIL <input type="checkbox"/>							Comments/Repairs Done/Parts Replaced, etc:				
(Check One)											

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:			
<i>Only a Virginia DPOR - issued Backflow Prevention Device Worker certification is accepted in Goochland County.</i>				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 Goochland County Cross Connection Control Coordinator at the address or fax number shown at the top of this page no later than 30 days after completion of this test.