



# Campbell County Utilities & Service Authority

## Backflow Prevention Assembly Test Report

20644 Timberlake Road, Lynchburg, Virginia 24502  
 Phone: (434) 239-8654 – Fax: (434)237-5820 – Internet: ccusa-water.com

Customer: [Print Clearly] \_\_\_\_\_

Customer E-Mail Address: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Point of Contact [Individual]: \_\_\_\_\_ Point of Contact Phone # \_\_\_\_\_

Street Address: \_\_\_\_\_ Service Address: \_\_\_\_\_

New  Existing  Replacement - [Record Old Assembly Serial Number]: \_\_\_\_\_

Assembly Location: \_\_\_\_\_ Feed Line: \_\_\_\_\_ (ex: Irrigation/Domestic/Fire/Equipment)

Type of Assembly:  RPZ  DCVA  PVB Size: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_ Serial #: \_\_\_\_\_ Installed Correctly:  YES  NO

Test Gauge Manufacturer: \_\_\_\_\_ Gauge Serial NO: \_\_\_\_\_ Calibration Date: \_\_\_\_\_

Inlet Pressure: \_\_\_\_\_ PSI Meter Serial # \_\_\_\_\_

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight gauge pressure across check valve _____ psi [** ≥ 5.0 psid **]	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight gauge pressure across check valve _____ psi opened at _____ psi [** ≥ 2.0 psid **] <input type="checkbox"/> did not open	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight gauge pressure across check valve _____ psi	Air Inlet: opened at _____ <input type="checkbox"/> did not open Check Valve: Held at _____ psi <input type="checkbox"/> leaked
<input type="checkbox"/> cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____	<input type="checkbox"/> cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> RV Assembly <input type="checkbox"/> Other: _____	<input type="checkbox"/> cleaned only Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____	<input type="checkbox"/> cleaned only Replaced: <input type="checkbox"/> Disc, CV <input type="checkbox"/> Disc, Seat <input type="checkbox"/> Spring, CV or Air Inlet <input type="checkbox"/> Seat <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Other: _____
Gauge Pressure across check valve _____ psi	Relief valve opened at _____ psi [** Buffer ≥ 3 **]	Gauge Pressure across check valve _____ psi	Air inlet _____ psi check valve _____ psi

**\*\* Note: All repairs shall be completed within five (5) working days unless otherwise approved by the Department of Utilities.**

Comments \_\_\_\_\_

\_\_\_\_\_ . I hereby certify that the data in this report is accurate and reflects the proper operation of this unit.

	Date	Tester [Print Clearly]	Signature	Tester No	Passed	Failed
Initial Test					<input type="checkbox"/>	<input type="checkbox"/>
Repairs					<input type="checkbox"/>	<input type="checkbox"/>
Final Test					<input type="checkbox"/>	<input type="checkbox"/>