



PRINCE WILLIAM COUNTY SERVICE AUTHORITY

BACKFLOW DEVICE TEST REPORT

VERSION PWCSACCX_20171017
www.pwcsa.org

P.O. Box 2266
Cross Connections Department
Woodbridge, VA 22195-2268
(703) 335-8947 Fax (703) 396-9514
crossconnections@pwcsa.org

Date		<input type="checkbox"/> PASSED		<input type="checkbox"/> FAILED	
Name of Premises			Cross Connection Acct. #		
Service Address					
Location of Device					
Device Supply to: (Ex: Fire, Irrigation, Domestic)					
Device Type (ASSE#)		Manufacturer		Model	
				Size	
Serial # (Existing)			Serial # (New or Replacement)		
Line Pressure at Time of Test _____ lbs.					
INITIAL TEST	CHECK VALVE #1		CHECK VALVE #2		RELIEF VALVE
	Held @ _____ PSI		Held @ _____ PSI		Opened @ _____ lbs. reduced pressure
	Leaked.....		Leaked.....		Did Not Open.....
	Closed Tight.....		Closed Tight.....		
FINAL TEST	CHECK VALVE #1		CHECK VALVE #2		RELIEF VALVE
	Held @ _____ PSI		Held @ _____ PSI		Opened @ _____ lbs. reduced pressure
	Leaked.....		Leaked.....		Did Not Open.....
	Closed Tight.....		Closed Tight.....		
SRVB / PVB INITIAL	Air Inlet Opened at _____ PSID Did Not Open.....			Check Valve Held at _____ PSID	
SRVB / PVB FINAL	Air Inlet Opened at _____ PSID Did Not Open.....			Check Valve Held at _____ PSID	
Remarks/Repairs:					
TEST GAUGE INFORMATION					
Test Gauge Man.:			Test Gauge Model #:		
Serial #:			Calibration Date:		
CERTIFIED TESTER INFORMATION					
Tested by:			Company Name:		
E-mail Address:			Company Phone:		
<i>"I have completed the above test and hereby certify that this backflow device performed satisfactorily, and meets all Federal, State, and local codes as required."</i>					
Signature:			DPOR License #:		

Reports must be submitted no later than 30 days from due date and may be submitted via mail, email, or fax.