Local Roots, Global Reach

ISLE OF WIGHT COUNTY, VIRGINIA

Backflow Prevention Assembly Test Report

Name of Premises/Owner _____

Location Address _____

Use and Location of Assembly _____

Assembly: _____ _____ _____ _____

Manufacturer *Model* *Size* *Serial #*

Line pressure at time of test: _____**psi** **Check One:** ☐ EXISTING ☐ REPLACEMENT ☐ NEW INSTALL

☐ ***Reduced Pressure Zone Assembly***	***Requirements***	***Initial Test***	***Repairs***	***Retest***
Check Valve # 1 Pressure drop across Check Valve #1	Closed tight? Min. of 5.0 psid	☐Yes ☐No (A)_____psid		☐Yes ☐No (A) _____psid
Check Valve #2	Closed tight?	☐Yes ☐No		☐Yes ☐No
Differential Pressure Relief Port	Must open at Min. of 2.0 psid	Opened at (B) _____psid		Opened at (B) _____psid
Pressure Buffer	A – B = or > 3.0 psid	_____psid		_____psid
☐ ***Double Check Valve Assembly***	***Requirements***	***Initial Test***	***Repairs***	***Retest***
Check Valve # 1	Closed tight? Min. of 1.0 psid	☐Yes ☐No _____psid		☐Yes ☐No _____psid
Check Valve #2	Closed tight? Min. of 1.0 psid	☐Yes ☐No _____psid		☐Yes ☐No _____psid
☐ ***Pressure or Spillproof Vacuum Breaker***	***Requirements***	***Initial Test***	***Repairs***	***Retest***
Air Inlet	Opened? Min. of 1.0 psid	☐Yes ☐No _____psid		☐Yes ☐No _____psid
Check Valve	Closed tight? Min. of 1.0 psid	☐Yes ☐No _____psid		☐Yes ☐No _____psid

☐ **PASS** ☐ **FAIL** Remarks:_____

Certification: *"By signing below I certify that all information on this report is true and accurate, that this backflow prevention assembly performs satisfactorily, and meets all Federal, State and local codes as required."*

Tester's Name _____ Signature _____ Date _____

License # _____ Expiration Date _____ **A DPOR LICENSE IS REQUIRED AS OF 2023**

Test Kit Model & Serial# _____ Calibration Date _____

Backflow Test Company _____ Phone # _____

Email: _____

Re-Tester Name _____ Signature _____ Date _____

License # _____ Expiration Date _____ **A DPOR LICENSES IS REQUIRED AS OF 2023**

Test Kit Model & Serial# _____ Calibration Date _____

E-mail a copy or mail the original test form to the jurisdiction that serves the premises:

Town of Smithfield
P.O. Box 246
Smithfield, VA 23431
attn: Compliance Administrator
cdaughtrey@smithfieldva.gov

Isle of Wight County
P.O. Box 108
Isle of Wight, VA 23397
attn: CCC/FOG Administrator
Backflow-FOG-Compliance@iwus.net

Town of Windsor
P.O. Box 307
Windsor, VA 23487
attn: Kenneth Sims
ksims@windsor-va.gov