



PRINCE WILLIAM COUNTY
Department of Development Services – Building Development Division

BACKFLOW DEVICE TEST REPORT

Version 2009-04-12

Name of Premises		Cross Connection Account #		
Service Address				
Location of Device				
Device	Manufacturer	Model	Size	Serial Number
Line Pressure at Time of Test _____ lbs.		Pressure Drop Across First Check Valve _____ lbs.		
	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	
INITIAL TEST	1. Leaked <input type="checkbox"/>	1. Leaked..... <input type="checkbox"/>	1. Opened @ _____ lbs. <input type="checkbox"/>	
	2. Closed Tight <input type="checkbox"/>	2. Closed Tight..... <input type="checkbox"/>	reduced pressure <input type="checkbox"/>	
R E P A I R S	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned..... <input type="checkbox"/>	
	Replaced:	Replaced:	Replaced:	
	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc , Upper..... <input type="checkbox"/>	
	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	Disc, Lower..... <input type="checkbox"/>	
	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	Diaphragm, Large	
	Pin retainer <input type="checkbox"/>	Pin retainer <input type="checkbox"/>	Upper..... <input type="checkbox"/>	
	Hinge Pin <input type="checkbox"/>	Hinge Pin <input type="checkbox"/>	Lower..... <input type="checkbox"/>	
	Seal <input type="checkbox"/>	Seal <input type="checkbox"/>	Diaphragm, Small	
	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Upper..... <input type="checkbox"/>	
	Other _____ <input type="checkbox"/>	Other _____ <input type="checkbox"/>	Lower..... <input type="checkbox"/>	
FINAL TEST	Closed tight <input type="checkbox"/>	Closed tight <input type="checkbox"/>	Opened @ _____ lbs. reduced pressure	
DCDA Meter Reading:	PVS/SVB			
	<input type="checkbox"/> Air Inlet Opened At _____ PSID		<input type="checkbox"/> Check Valve Held At _____ PSID	
	<input type="checkbox"/> Did Not Open		<input type="checkbox"/> Leaked	

Remarks

The Above Report is Certified to be True
Tested by:
Prepared by:
Final Test by:
Certification #:
Date:

Submit Report no later than 30 days to:
 Department of Development Services
 Building Development Division
 Attn: Cross Connections
 5 County Complex Court
 Prince William, VA 22192-9201