



PRINCE WILLIAM COUNTY
Department of Development Services – Building Development Division

BACKFLOW DEVICE TEST REPORT

Version 2014-12-22

Name of Premises		Cross Connection Account #	
Service Address			
Location of Device			
Device Supply to: (ex: Fire, Irrigation, Domestic)			
Device (ASSE # or eq.)	Manufacturer	Model	Size
Serial Number (Old)		Serial Number (New)	
Line Pressure at Time of Test _____ lbs.		Pressure Drop Across First Check Valve _____ lbs.	
	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE
FINAL TEST	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	1. Leaked..... <input type="checkbox"/> 2. Closed Tight..... <input type="checkbox"/>	1. Opened @ _____ lbs. <input type="checkbox"/> reduced pressure <input type="checkbox"/> 2. Did Not Open..... <input type="checkbox"/>
DCDA Meter Reading: _____		PVB/AVB <input type="checkbox"/> Air Inlet Opened At _____ PSID <input type="checkbox"/> Did Not Open	<input type="checkbox"/> Check Valve Held At _____ PSID <input type="checkbox"/> Leaked
Public Water Supply	<input type="checkbox"/> PWCSA <input type="checkbox"/> Virginia American Water (Submit form to VAM in addition to PWC)		

Remarks

The Above Report is Certified to be True	
Tested by:	
Signature:	
Company Name:	
Company Phone #:	
Certification #:	
Date:	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
Gauge Man.:	Model #:
Serial #:	Calibration 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