



The City of Lynchburg, Virginia

Department of Water Resources

Backflow Prevention Assembly Test Report

525 Taylor Street-Lynchburg, VA 24501

Phone: (434) 455-4250 – Fax: (434) 455-1277 – Internet: www.lynchburgva.gov

Customer: _____

Street Address: _____ Service Address: _____

Point of Contact [Individual]: _____ Point of Contact Phone # _____

Is the Assembly: New Existing Replacement/Record Old Assembly Serial Number: _____

Location of Assembly: _____ Feed Line: _____ (ex: Irrigation, Boiler, X-ray Eqt.)

Type of Assembly: RPZ DCVA PVB Manufacturer: _____ Size: _____

Model: _____ Serial NO: _____ Installed Correctly: YES NO

Test Gauge Manufacturer: _____ Gauge Serial NO: _____ Calibration Date: _____

Inlet Pressure: _____ Water Meter Serial Number: _____ Other Info, as applicable: _____

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	opened at _____.____ psi <input type="checkbox"/> did not open	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight gauge pressure across check valve _____.____	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	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 Dept. of Water Resources. Assemblies shall not be replaced, relocated, or removed without advance authorization from the Department of Water Resources.**

Comments: Shut off Valve: Closed or Leaking

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

	Date	Printed Tester Name	Signature	VA DPOR Tester No	Passed	Failed
Initial Test and/or Certification					<input type="checkbox"/>	<input type="checkbox"/>
Repairs					Sign Final Test below	
Final Test					<input type="checkbox"/>	<input type="checkbox"/>

All tests shall be submitted within 7 calendar days to the Dept. of Water Resources, 525 Taylor St, Lynchburg, VA 24501; they may be faxed to 434-455-1277. Please contact the city's Compliance Specialist for questions or information at 434-455-4261.