

ALBEMARLE COUNTY SERVICE AUTHORITY

168 Spotnap Road, Charlottesville, Virginia 22911

Phone (434) 977-4511 · Fax (434) 979-0698

Backflow Prevention Device Certification/Test Report

Please Fill Out This Form Completely

Name of Premises: _____

Service Address: _____

Mailing Address: _____

Phone No. of Premises: _____

Location of Device: _____

Device: _____
(Manufacturer) (Model) (Size) (Serial Number)

Use: **Domestic** **Fire** **Irrigation** **Other (Explain)** _____

New Device **Existing Device**

If device is a replacement, record the serial no. of the previous device _____

Line pressure at time of test: _____ psi

An irrigation system's rain sensor, **which is required**, must be operational
Yes No

NOTE: Record the actual psi values in the chart below

	Check Valve #1	Check Valve #2	Differential Pressure-Relief Valve
Initial Test	1. Leaks: _____ 2. Closed Tight: _____ 3. Closed at _____ Δ psi.	1. Leaks: _____ 2. Closed Tight: _____ 3. Closed at _____ Δ psi.	1. Opened at _____ psi. 2. Did not open _____.
Final Test	Closed at _____ Δ psi.	Closed at _____ Δ psi.	Opened at _____ Δ psi.

Initial Test Performed By: _____ Date: _____

Final Test Performed By: _____ Date: _____

Tester License Number: _____ **Exp. Date:** _____

Company Name: _____ Phone: _____

The information contained in this report is certified to be accurate.

Signature: _____ Date: _____

ALL REPORTS MUST BE DELIVERED TO THE ACSA WITHIN 10 DAYS OF TESTING