

# 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 serial number of previous device \_\_\_\_\_

Line pressure at time of test: \_\_\_\_\_ psi

Is the rain sensor of the  
irrigation system operational?  
**(required)**  
Yes  No

**NOTE:** Record the actual psi values below, including valve #2

	Check Valve #1	Check Valve #2	Pressure Relief Valve (minimum 2.0 psi)
<b>Initial Test</b>	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 _____.
<b>Final Test</b>	Closed at _____ Δ psi.	Closed at _____ Δ psi.	Opened at _____ Δ psi.

**PASS** \_\_\_\_\_ **FAIL** \_\_\_\_\_

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\***