



**KING WILLIAM  
COUNTY  
DEPARTMENT OF UTILITIES  
180 Horse Landing Road #4  
King William, VA 23086  
(804) 769-4962**

\*\*\*\* Email Test Reports To: [utility@kwc.gov](mailto:utility@kwc.gov)

**BACKFLOW PREVENTION ASSEMBLY TEST REPORT**

*An annual test is required on all field-testable backflow prevention assemblies*

**PART 1 - OWNER INFORMATION**

			Date:
Owner First Name:		Owner Last Name:	
Mailing Address:		City:	State: <b>VA</b> Zip:
Service Address (if other than above):			
Phone:	Fax:	Permit No. (if applicable):	
Contact Name (if other than above):			Title:

**PART 2 – ASSEMBLY INFORMATION**

Type (circle/check):	<b>RP</b>	<b>RPD</b>	<b>DC</b>	<b>DDC</b>	<b>PVB</b>	<b>SVB</b>	Existing <input type="checkbox"/>	New <input type="checkbox"/>	Replacement <input type="checkbox"/>
Manufacturer:			Size:	Model No.:		Serial No:			
Location of Assembly:									

**PART 3 – TEST DATA**

Supply Pressure _____ psi	<u>CHECK VALVE NO. 1</u>	<u>CHECK VALVE NO. 2</u>	<u>RELIEF VALVE</u>
<b>RP, RPD, DC or DDC</b>	Closed Tight at _____ psid Leaked <input type="checkbox"/>	Closed Tight at _____ psid Leaked <input type="checkbox"/>	Opened at _____ psid Did Not Open <input type="checkbox"/>
	No. 2 Shut-Off Valve                      Leaked <input type="checkbox"/> Held Tight <input type="checkbox"/>		
<b>PVB or SVB</b>	Air Inlet Opened at _____ psid                      Check Valve Held at _____ psid		
	Air Inlet <u>Did Not Open</u> <input type="checkbox"/> Check Valve <u>Did Not Hold</u> <input type="checkbox"/>		
No. 2 Shut-Off Valve                      Leaked <input type="checkbox"/> Held Tight <input type="checkbox"/>			
<b>TEST RESULT: PASS <input type="checkbox"/> FAIL <input type="checkbox"/></b> (Check One)			Comments/Repairs Done/Parts Replaced, etc:

**PART 4 – TEST CERTIFICATION** I have completed the test, re-opened the valves necessary to return the system served to its original operating condition, unless otherwise noted, and certify that the information provided herein is accurate and the test procedures comply with those published by the Foundation for Cross Connection Control and Hydraulics Research or those published in the most current edition of the American Society of Sanitary Engineering (ASSE) Series 5000 Professional Qualification Standards.

Company Name:		Address:	
City:	State:	Zip:	Phone:
Tester Printed Name:		Tester Signature:	
<i>Only a Virginia DPOR-issued Backflow Prevention Device Worker certification is accepted in King William County.</i>		Certification No.	
Test Kit Manufacturer:	Model No.:	Date Last Calibrated:	

*A copy of this form must be retained for your records and a copy submitted to the King William County Utilities Department at the address or fax number shown at the top of this page no later than 30 days after completion of the test.*