



# COUNTY OF POWHATAN

## BACKFLOW ASSEMBLY TEST REPORT

**Parcel Information:**

Service Address: \_\_\_\_\_

**Acct. Information:**

Number: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Location of Device: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Type of Device: \_\_\_\_\_

Use: \_\_\_\_\_

Size of Device: \_\_\_\_\_

Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Opened at _____ PSI	Air Inlet Opened at _____ PSI
Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
Drop Across _____ PSI	Drop Across _____ PSI		Check Valve _____ PSI
			Leaked <input type="checkbox"/>

Remarks: \_\_\_\_\_

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I hereby certify that the data in this report is accurate and reflects the proper operation of this unit and that the testing was done under the latest ASSE 5000 test procedures.

Passed:  Failed:  Date: \_\_\_\_\_ Time: \_\_\_\_\_ Tester Certification Number: \_\_\_\_\_

Gauge Manufacturer: \_\_\_\_\_ Model Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Tester Name (Print): \_\_\_\_\_ Tester ID: \_\_\_\_\_

Tester Signature: \_\_\_\_\_

**Submit report to the Department of Public Works Office by fax: 804-598-4821.  
By mail: Public Works Department, 3834 Old Buckingham Road Suite A, Powhatan VA 23139.**