

ALBEMARLE COUNTY SERVICE AUTHORITY

168 Spotnap Road, Charlottesville, Virginia 22911
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Backflow Prevention Assembly Certification/Test Report

Please Fill Out This Form Completely

Name of Premises: _____

Service Address: _____

Mailing Address: _____

Phone No. of Premises: _____

Location of Assembly: _____

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

Use: Domestic Fire Irrigation Other (Explain) _____

New Assembly Existing Assembly

If assembly is a replacement, record serial number of previous: _____

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 (minimum 5.0 psi for RPZ) (minimum 1.0 psi for DC)	Check Valve #2 (minimum 1.0 psi for RPZ) (minimum 1.0 psi for DC)	Pressure Relief Valve (minimum 2.0 psi for RPZ)
RPZ Test	Closed at _____ psi.	Closed at _____ psi.	Opened at _____ psi.
DC Test	Closed at _____ psi.	Closed at _____ psi.	

PASS _____ **FAIL** _____

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