



**CITY OF RICHMOND DEPARTMENT
OF PUBLIC UTILITIES**
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Richmond, Virginia 23219
(804) 646-8544



DPU.DevelopmentServices@rva.gov

Premises Address: _____

Mailing Address: _____

Location of Device: _____

Manufacturer: _____ Model #: _____ Serial #: _____ Size: _____

1. Date of Test _____
2. Time of Test _____
3. Line pressure at time of test _____
4. New Device Existing Device Replaced Repaired
5. Remarks: _____

Device Type : <input type="checkbox"/> RPZ <input type="checkbox"/> DC			
Containment Type: Backflow preventer is located between the water meter and first branch YES <input type="checkbox"/> NO <input type="checkbox"/>			
Water Service Type: DOMESTIC <input type="checkbox"/> FIRE-LINE <input type="checkbox"/> IRRIGATION <input type="checkbox"/>			
Check Valve No. 1	Check Valve No. 2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	Opened At _____ PSI	Air Inlet Opened At ____
<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did Not Open
Drop Across CV #1 _____ PSI	Drop Across CV #2 _____ PSI		Check Valve _____ PSI <input type="checkbox"/> Leaked

Condition of No. 2 Control Valve: Closed Tight Leaking

Remarks: _____

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

Date: _____ Time: _____ Tester Certification #: _____

Signature of Tester: _____ Passed : Failed

Name of Tester (Print): _____

Company Name: _____

Company Tel. & Email: _____

Gauge Manufacturer: _____ Model #: _____

Serial #: _____ Calibration Date: _____