



CITY OF RICHMOND DEPARTMENT OF PUBLIC UTILITIES

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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: [] RPZ [] DC
Containment Type: Backflow preventer is located between the water meter and first branch YES [] NO []
Water Service Type: DOMESTIC [] FIRE-LINE [] IRRIGATION []

Table with 4 columns: Check Valve No. 1, Check Valve No. 2, Differential Pressure Relief Valve, Pressure Vacuum Breaker. Rows include Leaked/Closed Tight status, Drop Across CV, and PSI readings.

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: _____