Dinwiddie County Water Authority

Cross Connection Control and Backflow Prevention Test Form

Please mail the completed form to the following address, one form per device;

Dinwiddie County Water Authority 23008 Airpark Drive North Dinwiddie, Virginia 23803-6926

Name of Premises				
Service Address				
Use & Location of Device				
Device				
Device Manufacturer Mod Device requires rebuilding or replacing every 5 years				al Number
Was this device completely reb		· · · · · · · · · · · · · · · · · · ·		Date
vvas tins device completely red		103		
Line Pressure at Time of Test_	psi	Existing/Replacement/New Device (circle one)		
Reduced Pressure Device	Requirements	Initial Test	Repairs	Retest
Differential Pressure Relief Port	Must open at min. 2.0 psid	Opened atpsid		Opened atpsid
Check valve # 1 Pressure drop across Check valve # 1	Closed tight? Min. of 3.0 psi above Relief port opening	Yes/No (circle one)psid		Yes/No psid
Check valve # 2	Closed tight?	Yes/No(Circle one)		Yes/No
Double Check Valve device	Requirements [Initial test	Repairs	Retest
Check Valve #1	Closed tight at a Min. of 1.0 psid?	Yes/No (circle one)psid	Y -	es/No (circle one)psid
Check Valve #2	Closed tight at a Min. of 1.0 psid?	Yes/No (circle one)psid	Y	es/No (circle one)psid
Pressure Vacuum Breaker	Requirements	Initial Test	Repairs	Retest
Air Inlet	Opened at a Min. of 1.0 psid?	Yes/No (circle one)psid		Yes/No (circle one)psid
Check Valve	Closed at a min. of 1.0 psid?	Yes/No (circle one)psid		Yes/No (circle one) psid
Remarks				
Certification: I have made the abo and meets all federal, state and loc Testers Name			tion device per	formed satisfactorily
Print		Signature		Date
License #	Expiration date	County or City of Certification		
Testing Company		Phone #		
Company Address				