1723 Falling Creek Rd.
Bedford, VA 24523
Phone: (540) 586-7679 Ext. 158
Email:backflow@bedfordwater.com

BEDFORD WATER

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

CUSTOMER NAME:			
STREET ADDRESS:		SERVICE ADDRESS:	
POINT OF CONTACT:		POINT OF CONTACT PHONE #:	
IS THE ASSEMBLY:	☐ **New** ☐ **Existing**	**Replacement** ☐ **Old Assembly Serial #** _____	
ASSEMBLY LOCATION:			
TYPE OF ASSEMBLY:	**RP** ☐ **DCVA** ☐ **PVB** ☐ **SVB** ☐	SIZE:	
MANUFACTURER:		MODEL:	SERIAL NO:
GAUGE MANUF:		SERIAL NO:	DATE CALIBRATED:

Check Valve #1	**Relief Valve**	**Check Valve #2**	**PVB or SVB**
☐ leaked ☐ closed tight Differential pressure across check valve_____psi	Opened at:_____psi Or did not open ☐ **Outlet shut-off valve:** ☐ leaked ☐ closed tight	☐ leaked ☐ closed tight **OPTIONAL TEST** Differential pressure across check valve_____psi	**Air Inlet:** did not open ☐ or opened at _____ psi **Check Valve:** leaked ☐ or held at_____psi
Replaced: ☐ Rubber parts kit ☐ CV assembly kit ☐ Seat Kit ☐ Other Or ☐ CV cleaned only	Replaced: ☐ Rubber parts kit ☐ CV assembly kit ☐ Seat Kit ☐ Other Or ☐ RV cleaned only For DCVA Only: **Inlet shut-off valve:** ☐ leaked ☐ closed tight **Outlet shut-off valve:** ☐ leaked ☐ closed tight	Replaced: ☐ Rubber parts kit ☐ CV assembly kit ☐ Seat Kit ☐ Other Or ☐ CV cleaned only	Replaced: ☐ Rubber parts kit ☐ CV assembly kit ☐ Air Inlet Kit ☐ Other Or ☐ Cleaned only
Differential pressure across check valve_____psi	Relief valve opened at _____ psi	Differential pressure across check valve_____psi	Air inlet_____psi Check valve_____psi

NOTE: All repairs shall be completed within five (5) working days.

Comments:_____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

	Date	Printed Tester Name	Signature	VA DPOR Tester No.	Passed	Failed
Initial Test and/or Certification					☐	☐
Repairs					☐	☐
Final Test					☐	☐

Test Reports are to be submitted to the BRWA with 30 days of completing the field test.

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