

Berkeley County Public Service Water District

251 CAPERTON BLVD MARTINSBURG WV 25403
 Customer Relations: (304)267-4600 Fax: (304)264-4590
 Website: www.berkeleywater.org, Email: backflow@berkeleywater.org

CROSS-CONNECTION CONTROL & BACKFLOW PREVENTION ASSEMBLY INSPECTION TEST REPORT

PASS

FAIL

NOTE: ALL REPAIRS AND REPLACEMENTS SHALL BE COMPLETED WITHIN 10 – 15 BUSINESS DAYS

FAILED BACKFLOW PREVENTER ASSEMBLY REQUIRES A REPAIR OR REPLACEMENT AND A RETEST OF THE ASSEMBLY. FAILED REPORTS ARE SUBMITTED TO BERKELEY WATER. A FAILED BACKFLOW PREVENTER ASSEMBLY IS CONSIDERED IN NON-COMPLIANCE WITH THE BCPSWD Cross-Connection Control Ordinance and WV State Law.

ANNUAL TEST

NEW CONSTRUCTION

RE-TEST

CUSTOMER/BUSINESS NAME & INFORMATION

Customer Name:	
Property Address: (Number & Street, City, State, Zip Code)	
Contact Name:	Email Address:
DEVICE INFORMATION	
Location of Device:	Is the device a new assembly? Yes No Serial Number of (Old) Replaced Assembly:
Type of Inspection: Residential Commercial Multi Family Complex	Type of Service: ___ Containment or ___ Isolation Service Line Fire Line Irrigation Residential Fire Sprinkler Other:
TYPE OF ASSEMBLY:	
REDUCED PRESSURE ZONE	DOUBLE CHECK VALVE
PRESSURE VACUUM BREAKER	SPILL-PROOF VACUUM BREAKER
Manufacturer of Device:	Model Number of Device:
Serial Number of Device:	Size of Device:
Comments:	

Date:	Line Pressure at Time of Test	PSI		
INSPECTION & TEST GAUGE MEASUREMENTS	RPZ- REDUCED PRESSURE ASSEMBLY		PVB – PRESSURE VACUUM BREAKER SPILL-PROOF VACUUM BREAKER AIR INLET	
	DCVA-DOUBLE CHECK VALVE ASSEMBLY			PRESSURE DIFFERENTIAL RELIEF VALVE
	CHECK VALVE #1	CHECK VALVE #2		
	Static PSID Closed Tight Leaked	Static PSID Closed Tight Leaked Outlet Valve: Pass____ Fail____		Open at PSID Did Not Open Open at PSID Did Not Open Check Valve Held at PSID - Leaked

COMPANY & TESTER INFORMATION

CERTIFIED TESTER	Tester Name:	Tester Telephone:
	Company:	Tester Certification No:
	Email Address:	Certification Exp. Date:
	Test Kit Serial No:	Calibration Exp. Date:

CERTIFICATION STATEMENT

By checking this box and sending this backflow assembly test report to BCPSWD, I hereby certify that I am familiar with the information contained in this form and that to the best of my knowledge and belief, such information is true, complete, and correct at the time of this test.