LOUDOUN WATER
44865 LOUDOUN WATER WAY, ASHBURN VA 20147
Customer Relations: (571)291-7880 Fax: (703)729-9494
Website: www.loudounwater.org, Email: backflow@loudounwater.org

This is a Loudoun Water form used by the Town of Middleburg; please remit to:
backflow@middleburgva.gov - or -
PO Box 187, Middleburg, VA 20118
540-687-5152

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 LOUDOUN WATER. A FAILED BACKFLOW PREVENTER ASSEMBLY IS CONSIDERED A NON-COMPLIANCE OF THE VIRGINIA WATERWORKS REGULATIONS AND THE VIRGINIA PLUMBING CODE.

☐ 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:** ☐ Service Line ☐Fire Line ☐Irrigation ☐ Residential Fire Sprinkler **Other:**

TYPE OF ASSEMBLY:

☐REDUCED PRESSURE ZONE ☐DOUBLE GATE DOUBLE CHECK ☐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
	DGDC–DOUBLE GATE DOUBLE CHECK VALVE ASSEMBLY		PRESSURE DIFFERENTIAL RELIEF VALVE	
	CHECK VALVE #1	CHECK VALVE #2		
	Static PSID ☐Closed Tight ☐Leaked	Static PSID ☐Closed Tight ☐Leaked	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:	**Company Telephone:**
	Email Address:	**Tester Certification No:**
	Test Kit Serial No:	**Calibration Date:**

CERTIFICATION STATEMENT

☐ **By checking this box and sending this backflow assembly test report to Loudoun Water, 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.**