



THE CITY OF HARRISONBURG
 CROSS CONNECTION AND BACKFLOW PREVENTION CONTROL PROGRAM
 409 SOUTH MAIN STREET
 HARRISONBURG, VIRGINIA 22801
 540-432-7700

PLEASE PRINT ALL INFORMATION PLAINLY EXCEPT WHERE A SIGNATURE IS REQUIRED

OWNER INFORMATION

NAME: _____

ADDRESS: _____ CITY: **HARRISONBURG** STATE: _____ ZIP: _____

BACKFLOW PREVENTION DEVICE LOCATION

STREET _____ LOCATION _____

ADDRESS: _____ ON PREMISES: _____

BACKFLOW PREVENTION DEVICE INFORMATION

MFG/MAKE: _____ MODEL: _____ SERIAL NO: _____ SIZE: _____

SYSTEM TYPE [CHECK ONE]: BOILER DOMESTIC FIRE SUPPRESSION FIRE BYPASS METER HVAC LAWN IRRIGATION SWIMMING POOL
 OTHER* * DESCRIBE OTHER: _____

DOES THIS SYSTEM UTILIZE ANY CHEMICALS, SUCH AS GLYCOL? YES* NO *IF YES, WHAT? _____

CHECK TYPE: DOUBLE CHECK VALVE ASSEMBLY DOUBLE CHECK VALVE ASSEMBLY FOR FIRE PROTECTION SYSTEMS VALVE ASSEMBLY
 DOUBLE CHECKVALVE DETECTOR CHECK ASSEMBLY PRESSURE VACUM BREAKER SPILL RESISTANT PRESSURE VACUM BREAKER
 REDUCED PRESSURE PRINCIPAL REDUCED PRESSURE PRINCIPLE FOR FIRE PROTECTION SYSTEMS
 SINGLE CHECK VALVE ASSEMBLY FOR FIRE PROTECTION SYSTEMS (ONLY FOR CLASS 1 AND RESIDENTIAL PARTIAL FLOW THRU SYSTEMS)

HAZARD CATEGORY

CHECK ONE OF _____ LOW (INVOLVES SUBSTANCE THAT CONSTITUTES A NUISANCE & RESULTS IN ONLY REDUCED AESTHETIC QUALITIES OF THE WATER)
 THE FOLLOWING: _____ MEDIUM (ANY LOW HAZARD WITH LOW PROBABILITY OF BECOMING SEVERE HAZARD)
 _____ HIGH (WATER WITH ADDITIVES OR SUBSTANCES THAT, UNDER ANY CONCENTRATION, CAN CREATE A DANGER TO HEALTH)

TEST RESULTS

INSPECTION DATE _____ STATUS: THE ASSEMBLY (CHECK ONE) PASSED FAILED*

*IF FAILED, WHY: _____

WAS THE DEVICE REPAIRED YES NO

WHAT REPAIR WAS DONE: _____

STATIC LINE PRESSURE		PSI	BUFFER ZONE PRESURE		PSI
CHECK VALVE #1		RELIEF VALVE	CHECK VALVE #2		PRESSURE VACUM BREAKER
LEAKED		OPENED AT _____ PSI	LEAKED		AIR INLET
CLOSED TIGHT		DIDN'T OPEN	CLOSED TIGHT		DID NOT OPEN _____ OR
GAUGE PRESURE ACROSS		OUTLET SHUT-OFF VALVE	GAUGE PRESURE ACROSS		OPENED AT: _____ PSI
CHECK VALVE #1		LEAKED	CHECK VALVE #2		CHECK VALVE
PSID		CLOSED TIGHT	PSID		LEAKED _____ OR
					HELD AT: _____ PSI

PLEASE FILL OUT OTHER SIDE OF THIS DOCUMENT

TESTER INFORMATION

PRINT NAME OF TESTER: COMPANY NAME:

SIGNATURE OF TESTER: TESTER CERTIFICATION NUMBER:

TEST GAUGE INFORMATION

MFG/MAKE: SERIAL NUMBER: CALIBRATION DATE:

CALIBRATION COMPANY NAME:

COMMENTS: