CITY OF HARRISONBURG COMMUNITY DEVELOPMENT

CROSS CONNECTION AND BACKFLOW PREVENTION CONTROL PROGRAM

https://harrisonburgva.gov/backflow-prevention-device

OWNER INFORMATION

____________________ Owner/Agent Name	____________________ Phone
____________________ Mailing Address	____________________ E-Mail
__________ City ______ State ______ Zip	

BACKFLOW PREVENTION DEVICE LOCATION

Address: ____

Location on Premises: ____

BACKFLOW PREVENTION DEVICE INFORMATION Permit number, if available: ____________

MFG/Make: ____________ Model: __________ Serial No. ____________ Size: __________

System Type: (Check one)

☐Boiler ☐Domestic ☐Fire Suppression ☐Fire Bypass Meter ☐HVAC ☐Lawn Irrigation ☐Swimming Pool

☐Other: ______________________

Does this system use any chemicals, such as glycol? ☐ Yes ☐ No If yes, what chemical? ______________

Check Type:

☐Double check valve assembly ☐Double check valve assembly for fire protection systems valve assembly

☐Double check valve detector check assembly ☐Pressure vacuum breaker ☐Spill resistant pressure vacuum 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 the following:

☐ Low (involves substance that constitutes a nuisance & results in only reduced aesthetic qualities of the water)

☐ 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: ☐ Passed ☐ Failed

If failed, why? ____

Whas the device repaired: ☐ Yes ☐ No

What repair was done? ____

Static line pressure ________ PSI __________		Buffer zone pressure _______ PSI __________	
Check valve #1	Relief valve	Check valve #2	Pressure vacuum breaker
_______ Leaked	Opened at _________ PSI	_______ Leaked	Air inlet
_______ Closed tight	_________ Didn't open	_______ Closed tight	Did not open _______ or
Gauge pressure across Check valve #1	Outlet shut-off valve	Gauge pressure across Check valve #2	Opened at _________ PSI
	_______ Leaked		Check valve
___________ PSID	_______ Closed tight	___________ PSID	_______ Leaked or
			Held at ________ PSI

TESTER INFORMATION

Owner/Agent Name: ______________________	Phone: ______________________
Mailing Address: ______________________	E-Mail: ______________________
City: __________ State: ______ Zip: ________	

TEST GAUGE INFORMATION

MFG/Make: ____________________ Serial #: ____________________ Calibration Date: ______________

Calibration Company Name: ____