

Backflow Prevention Device Test Report Hampton Roads Area

Name of Premises:

Service Address:

Use and location of Device:

Device:

Manufacturer

Model

Size

Serial Number

| Line Pressure at time of test: psi | <input type="checkbox"/> Existing <input type="checkbox"/> Replacement <input type="checkbox"/> New Device | | | |
|---|--|--|---------|--|
| REDUCED PRESSURE DEVICE | Requirements | Initial Test | Repairs | Retest |
| Check Valve #1 Pressure drop across Ck. Valve #1 | Closed tight? Min. of 5 psid | <input type="checkbox"/> Yes <input type="checkbox"/> No psid (A) | | <input type="checkbox"/> Yes <input type="checkbox"/> No psid |
| Check Valve #2 | Closed tight? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Differential Pressure Relief Port | Must open at Min. of 2.0 psid | Opened at psid (B) | | Opened at psid |
| Pressure Buffer | | psid | | psid |
| DOUBLE CHECK VALVE | Requirements | Initial Test | Repairs | Retest |
| Check Valve #1 | Closed tight? Min. of 1.0 psid | <input type="checkbox"/> Yes <input type="checkbox"/> No psid | | <input type="checkbox"/> Yes <input type="checkbox"/> No psid |
| Check Valve #2 | Closed tight? Min. of 1.0 psid | <input type="checkbox"/> Yes <input type="checkbox"/> No psid | | <input type="checkbox"/> Yes <input type="checkbox"/> No psid |
| PRESSURE VACUUM BREAKER | Requirements | Initial Test | Repairs | Retest |
| Air Vent | Opened at Min . of 1.0 psid | <input type="checkbox"/> Yes <input type="checkbox"/> No psid | | <input type="checkbox"/> Yes <input type="checkbox"/> No psid |
| Check Valve | Opened at Min . of 1.0 psid | <input type="checkbox"/> Yes <input type="checkbox"/> No psid | | <input type="checkbox"/> Yes <input type="checkbox"/> No psid |

Remarks:

Certification: *I have made the above test and hereby certify that this Backflow Prevention Device performs satisfactorily and meets all Federal, state and local codes and regulations as required.*

Tester Name:

Date:

(Signature)

License Number:

Expiration Date:

City of Certification:

Testing Company

Phone Number:

Company Address:

Return Original to:

Department of Public Utilities
Cross-Connection Inspector
City of Chesapeake
P.O. Box 15225
Chesapeake, VA 23328

Telephone Number:
(757) 382-3414

Fax Number:
(757) 382-3413