



# County of Gloucester

(804) 693- 4044

Department of Public Utilities

FAX (804) 693- 4664

Mailing Address 6489 Main Street, Physical Address 7384 Carriage Court

Gloucester, Virginia 23061

## Backflow Prevention Device Test Report

Name of Premises \_\_\_\_\_

Service Address \_\_\_\_\_

Use & Location of Device \_\_\_\_\_

Device \_\_\_\_\_

Manufacturer

Model

Size

Serial No.

Line Pressure at Time of Test _____ psi		Existing / Replacement / New Device (circle one)		
<b>Reduced Pressure Device</b>	<b>Requirement</b>	<b>Initial Test</b>	<b>Repairs</b>	<b>Retest</b>
Check Valve #1 Pressure drop across Ck. Valve #1	Closed tight? min. of 5.0 psid	yes / no (circle one) _____ psid (A)		yes / no (circle one) _____ psid
Check Valve #2	Closed tight?	yes / no (circle one)		yes / no (circle one)
Differential Pressure Relief Port	Must open at min. of 2.0 psid	Opened at _____ psid (B)		Opened at _____ psid
Static Pressure drop across Check Valve #1 (A-B)	A – B must be a min. of 3.0 psid	_____ psid		_____ psid
<b>Double Check Valve Device</b>	<b>Requirement</b>	<b>Initial Test</b>	<b>Repairs</b>	<b>Retest</b>
Check Valve #1	Closed tight at min. of 1.0 psid?	yes / no (circle one) _____ psid		yes / no (circle one) _____ psid
Check Valve #2	Closed tight at min. of 1.0 psid?	yes / no (circle one) _____ psid		yes / no (circle one) _____ psid
<b>Pressure Vacuum Breaker</b>	<b>Requirement</b>	<b>Initial Test</b>	<b>Repairs</b>	<b>Retest</b>
Air Inlet	Opened at min. of 1.0 psid?	yes / no (circle one) _____ psid		yes / no (circle one) _____ psid
Check Valve	Closed at min. of 1.0 psid?	yes / no (circle one) _____ psid		yes / no (circle one) _____ psid

Remarks \_\_\_\_\_

Certification: I have made the above test and hereby certify that this backflow prevention device performed satisfactorily and meets all federal, state and local codes and regulations as required.

Tester Name \_\_\_\_\_ Date \_\_\_\_\_

(Print)

(Signature)

DPOR License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Testing Company \_\_\_\_\_ Phone # \_\_\_\_\_

Company Address \_\_\_\_\_