



(804) 693-4044

County of Gloucester

Department of Public Utilities
7384 Carriage Court, P.O. Box 329
Gloucester, Virginia 23061



FAX (804) 693-4664

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)		
<i>Reduced Pressure Device</i>	<i>Requirement</i>	<i>Initial Test</i>	<i>Repairs</i>	<i>Retest</i>
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
<i>Double Check Valve Device</i>	<i>Requirement</i>	<i>Initial Test</i>	<i>Repairs</i>	<i>Retest</i>
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
<i>Pressure Vacuum Breaker</i>	<i>Requirement</i>	<i>Initial Test</i>	<i>Repairs</i>	<i>Retest</i>
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 _____