

BACKFLOW PREVENTION DEVICE TEST REPORT

Town of Cape Charles Building Department
 Municipal Building
 2 Plum Street
 Cape Charles, VA 23310
 (757) 331-2176 Fax: (757) 331-4820
codeofficial@capecharles.org

Business Owner Name: _____

Address: _____ City, State, Zip: _____

Use/Location of Device: _____

Device Type: _____ Test Type: _____

MANUFACTURER: _____ Model #: _____ Serial #: _____ Size: _____

Line Pressure at Time of Test _____ psi Existing Replacement New Device

<u>REDUCED PRESSURE ZONE DEVICE</u>	<u>REQUIREMENT</u>	<u>INITIAL TEST</u>	<u>REPAIRS</u>	<u>RETEST</u>
Check Valve #1 Pressure drop across Check valve #1	Closed Tight Min of 5.0 psid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ psid		<input type="checkbox"/> Yes <input type="checkbox"/> No _____ psid
Check Valve #2	Closed Tight	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Differential Pressure Relief Port	Must open @ min. of 2.0 psid	Opened @ _____ psid		Opened @ _____ psid
Pressure Buffer	A - B = 3.0psid of >	_____ psid		_____ psid
<u>DOUBLE CHECK VALVE DEVICE</u>	<u>REQUIREMENT</u>	<u>INITIAL TEST</u>	<u>REPAIRS</u>	<u>RETEST</u>
Check Valve #1	Closed Tight @ min. 1.0 psid	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Check Valve #2	Closed Tight @ min. 1.0 psid	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>PRESSURE VACUUM BREAKER</u>	<u>REQUIREMENT</u>	<u>INITIAL TEST</u>	<u>REPAIRS</u>	<u>RETEST</u>
Air Inlet	Closed @ 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	Closed @ 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 performed satisfactorily and meets all federal, state and local codes and regulations as required.

Tester Name: _____ Signature: _____ Date: _____

License #: _____ Expiration Date: _____ City of Certification: _____

Testing Company: _____ Phone #: _____

Company Address: _____