



## 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](mailto: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><b>REDUCED PRESSURE ZONE DEVICE</b></u>               | <u><b>REQUIREMENT</b></u>       | <u><b>INITIAL TEST</b></u>   | <u><b>REPAIRS</b></u> | <u><b>RETEST</b></u>   |
|--|---------------------------------|--|-----------------------|--|
| Check Valve #1<br>Pressure drop across<br>Check valve #1 | Closed Tight<br>Min of 5.0 psid | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____ psid |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____ psid |
| Check Valve #2   | Closed Tight                    | <input type="checkbox"/> Yes <input type="checkbox"/> No               |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No               |
| Differential Pressure<br>Relief Port                     | Must open @ min. of<br>2.0 psid | Opened @<br>_____ psid   |                       | Opened @<br>_____ psid   |
| Pressure Buffer  | A - B = 3.0psid of >            | _____ psid   |                       | _____ psid   |
| <u><b>DOUBLE CHECK VALVE DEVICE</b></u>                  | <u><b>REQUIREMENT</b></u>       | <u><b>INITIAL TEST</b></u>   | <u><b>REPAIRS</b></u> | <u><b>RETEST</b></u>   |
| Check Valve #1   | Closed Tight @ min.<br>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.<br>1.0 psid | <input type="checkbox"/> Yes <input type="checkbox"/> No               |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No               |
| <u><b>PRESSURE VACUUM BREAKER</b></u>                    | <u><b>REQUIREMENT</b></u>       | <u><b>INITIAL TEST</b></u>   | <u><b>REPAIRS</b></u> | <u><b>RETEST</b></u>   |
| Air Inlet  | Closed @ min. of 1.0<br>psid    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____ psid |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____ psid |
| Check Valve  | Closed @ min. of 1.0<br>psid    | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____ psid |                       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>_____ 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: \_\_\_\_\_