THE CITY OF NORFOLK UTILITIES

**Division of Water Quality**
**Office of Cross Connections**
**6040 Waterworks Road - Norfolk, VA 23502**
**(757) 441-5774 ext 262 FAX (757) 441-5639**

# Backflow Prevention Device Test Report

**Business/Owner Name:** _____ **Phone #** _____

**Address:** _____

**City/State/Zip** _____

**Use/Location of Device:** _____

**Device Type:** _____ **MANUFACTURER:** _____ **Model #:** _____ **Serial #:** _____ **Size:** _____

**Line Pressure at Time of Test** _____ **psi** **Circle one: EXISTING/REPLACEMENT/NEW**

| *Reduced Pressure Zone Device* | *Requirement* | *Initial Test* | *Repairs* | *Retest* |
|---|---|---|---|---|
| Check valve #1<br>Pressure drop across Check valve #1 | Closed Tight<br>min. of 5.0 psid | Yes /No (Circle one)<br>_____psid (A) | | Yes /No (Circle one)<br>_____psid (A) |
| Check Valve #2 | Closed Tight | Yes/No (Circle one) | | Yes/No (Circle one) |
| Differential Pressure Relief Port | Must open @ min.<br>of 2.0 psid | Opened @<br>_____psid (B) | | Opened @<br>_____psid (B) |
| Pressure Buffer | A - B>= 3.0 psid | _____psid | | _____psid |
| *Double Check Valve Device* | *Requirement* | *Initial Test* | *Repairs* | *Retest* |
| Check Valve #1 | Closed Tight @<br>Min. of 1.0 psid | Yes/No (Circle one)<br>_____psid | | Yes/No (Circle one)<br>_____psid |
| Check Valve #2 | Closed Tight @<br>Min. of 1.0 psid | Yes/No (Circle one)<br>_____psid | | Yes/No (Circle one)<br>_____psid |
| *Pressure / Anti Spill Vacuum Breaker* | *Requirement* | *Initial Test* | *Repairs* | *Retest* |
| Air Inlet | Opened @ min.<br>of 1.0 psid | _____psid | | _____psid |
| Check Valve | Pressure Drop/<br>Differential @ min.<br>of 1.0 psid | _____psid | | _____psid |

**Remarks** _____

Certification: **A NEW OR REPLACEMENT DEVICE REQUIRES A PERMIT.** 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)*

Test Kit Serial Number _____ Calibration Date _____

License # _____ Expiration Date _____ License/Certificate (Circle one) : DPOR Norfolk Other: _____

ReTester Name _____ _____ Date _____
*(Print)* *(Signature)*

Test Kit Serial Number _____ Calibration Date _____

License # _____ Expiration Date _____ License/Certificate (Circle one) : DPOR Norfolk Other: _____

Testing Company _____ Phone # _____

Company Address: _____