

King George County, Virginia

Department of
Community Development
10459 Courthouse Drive, Suite104
King George, VA 22485



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Backflow Prevention Device Test Report

Name of Premises:

Service Address:

Use and location of Device:

Device: Manufacturer Model Size Serial Number

Line Pressure at time of test:	psi	Existing	Replacement	New Device
REDUCED PRESSURE DEVICE				
	Requirements	Initial Test		Repairs
Check Valve #1	Closed tight?	Yes	No	Yes
Pressure drop across Ck. Valve #1	Min. of 5 psid	psid (A)		No
Check Valve #2	Closed tight?	Yes	No	Yes
Differential Pressure Relief Port	Must open at	Opened at		Opened at
	Min. of 2.0 psid	psid (B)		psid
Pressure Buffer		psid		psid
DOUBLE CHECK VALVE				
	Requirements	Initial Test		Repairs
Check Valve #1	Closed tight?	Yes	No	Yes
	Min. of 1.0 psid .	psid		No
Check Valve #2	Closed tight?	Yes	No	Yes
	Min. of 1.0 psid	psid		No
PRESSURE VACUUM BREAKER				
	Requirements	Initial Test		Repairs
Air Vent	Opened at	Yes	No	Yes
	Min. of 1.0 psid	psid		No
Check Valve	Opened at	Yes	No	Yes
	Min . of 1.0 psid	psid		No

Remarks:

Certification: *I have made the above test and hereby certify that this Backflow Prevention Device performs satisfactorily and meets all Federal, state and local codes and regulations as required.*

Tester Name: _____
(Signature)

Date:

License Number:

City of Certification:

Testing Company:

Expiration Date:

Company Address:

Phone Number: