



Spotsylvania County
Utilities/Public Works
 600 Hudgins Road
 Fredericksburg, VA 22408

(540) 507-7300: phone
 (540) 898-3674: fax

BACKFLOW DEVICE TEST REPORT

Contact: _____ Date: _____ Failed ___ Passed ___

Phone: _____ Tester Name: _____ Bldg Permit # _____

Name of Premises: _____

Service Address: _____

Location of Device: _____

Device: _____

Manufacturer _____ Model _____ Size _____ Serial No. _____

Line Pressure at Time of Test: _____ lb Influent _____ lbs Effluent _____ lbs.

Pressure Drop Across First Check Valve _____ lb

Ball Valve No. 1: Leaked Closed Tight Ball Valve No. 2: Leaked Closed Tight

| | Check Valve No. 1 | Check Valve No. 2 | Differential Pressure-Relief valve |
|---------------------------------|---|---|---|
| Initial Test | Leaked <input type="checkbox"/> Closed <input type="checkbox"/> Tight <input type="checkbox"/> | Leaked <input type="checkbox"/> Closed <input type="checkbox"/> Tight <input type="checkbox"/> | Opened at _____ lb Did not Open <input type="checkbox"/> |
| R E P A I R S | Cleaned <input type="checkbox"/> Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide Pin <input type="checkbox"/> Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other: <input type="checkbox"/> | Cleaned <input type="checkbox"/> Replaced: <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide Pin <input type="checkbox"/> Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seat <input type="checkbox"/> Diaphragm <input type="checkbox"/> Other: <input type="checkbox"/> | Cleaned <input type="checkbox"/> Replaced: <input type="checkbox"/> Disc - Upper <input type="checkbox"/> - Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm, Large <input type="checkbox"/> - Upper <input type="checkbox"/> - Lower <input type="checkbox"/> Diaphragm, Small <input type="checkbox"/> - Upper <input type="checkbox"/> - Lower <input type="checkbox"/> Spacer, Lower <input type="checkbox"/> Other: <input type="checkbox"/> |
| PVB Notes: | Air inlet opened _____ psi <input type="checkbox"/> Did not open _____ psi <input type="checkbox"/> Check valve held _____ psi <input type="checkbox"/> Leaked _____ psi <input type="checkbox"/> | | |
| Final Test | Closed Tight <input type="checkbox"/> | Closed Tight <input type="checkbox"/> | Opened at _____ lb <i>Reduced Pressure</i> |

The above report is certified to be true
 Initial Test performed by: _____ of _____ (Company).

 Tester Signature

 Certification Number