



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	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>	Cleaned <input type="checkbox"/>
E	Replaced: <input type="checkbox"/>	Replaced: <input type="checkbox"/>	Replaced: <input type="checkbox"/>
P	Disc <input type="checkbox"/>	Disc <input type="checkbox"/>	Disc
A	Spring <input type="checkbox"/>	Spring <input type="checkbox"/>	- Upper <input type="checkbox"/>
I	Guide <input type="checkbox"/>	Guide <input type="checkbox"/>	- Lower <input type="checkbox"/>
R	Pin <input type="checkbox"/>	Pin <input type="checkbox"/>	<input type="checkbox"/>
S	Retainer <input type="checkbox"/>	Retainer <input type="checkbox"/>	Spring <input type="checkbox"/>
	Hinge Pin <input type="checkbox"/>	Hinge Pin <input type="checkbox"/>	Diaphragm, Large <input type="checkbox"/>
	Seat <input type="checkbox"/>	Seat <input type="checkbox"/>	- Upper <input type="checkbox"/>
	Diaphragm <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	- Lower <input type="checkbox"/>
	Other: <input type="checkbox"/>	Other: <input type="checkbox"/>	Diaphragm, Small <input type="checkbox"/>
			- Upper <input type="checkbox"/>
			- Lower <input type="checkbox"/>
PVB Notes:	Air inlet opened <input type="checkbox"/> psi Did not open <input type="checkbox"/>		Spacer, Lower <input type="checkbox"/>
	Check valve held <input type="checkbox"/> psi Leaked <input type="checkbox"/>		Other: <input type="checkbox"/>
Final Test	Closed <input type="checkbox"/> Tight <input type="checkbox"/>	Closed <input type="checkbox"/> 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