Backflow Prevention Device Test Form

Town of Blacksburg **New Devices Require a Backflow Device Permit from Town**

Mail test form to: Town of Blacksburg Backflow Prevention Or P.O. Box 90003 Blacksburg Vo. 24060		Fax: (540) 951-0672 Email: jhiggins@blacksburg.gov				
	Blacksburg, Va. 24060 Premises: Cont			tactPhone		
Service Address:						
Use & Location of Device:		Hazard:	_High	MedLow		
Device Manufacturer						
Manufacturer	Model	Size	Serial No.			
Line Pressure at Time of Test	psi	Existing/Replaceme New Device Testing	Witnessed by			
Reduced Pressure Device	Requirement	Initial Test	Repairs	Retest		
Check Valve #1	Closed Tight?	Yes No		Yes No		
Pressure drop across Ck. Valve #1	Min. of 5.0 psid	psid		psid		
Check Valve #2	Closed Tight?	Yes No		Yes No		
Differential Pressure Relief Port	Must open at min. of 2.0 psid	Opened atpsid		Opened at psid		
Double Check Valve Device	Requirement	Initial Test	Repairs	Retest		
Check Valve #1	Closed tight min. of 1.0 psid	Yes No psid		Yes No		
Check Valve #2	Closed tight min. of 1.0 psid	Yes No psid		Yes No		
Pressure Vacuum Breaker	Requirement	Initial Test	Repairs	Retest		
Air Inlet	Opened at min. of 1.0 psid	Yes No		Yes No		
Check Valve	Closed at min. of 1.0 psid	Yes No	1	Yes No		
Device not testable but upon visual Remarks Certification: I have made the above Satisfactorily and meets all federal Tester Name	ve test and hereby certify th , state, and local codes and	nat this backflow preve regulations as require Date	ention device d.	Yes No performed		
(Print)	(Signatus					
Testing Company	Expiration Date City of Certification Phone#					

Company Address_____