



TOWN OF TAPPAHANNOCK
 PO BOX 266
 915 CHURCH LANE
 TAPPAHANNOCK, VA 22560
 804-443-3336

G

Business/ Owner Name: _____

Address: _____

Use/Location of Device: _____

Device Type: _____ Test Type: _____

MANUFACTURER _____ MODEL _____

SERIAL _____ SIZE _____

Line Pressure at Time of Test _____ psi	Existing/ Replacement/ New Device (circle one)			
<i>Reduced Pressure Zone Device</i>	<i>Requirement</i>	<i>Initial Test</i>	<i>Repairs</i>	<i>Retest</i>
Check valve #1	Closed Tight	Yes/No (Circle one)		Yes/No (Circle one)
Pressure drop across Check valve #1	min. of 5.0 psid	psid (A)		psid (A)
Check Valve #2	Closed Tight	Yes/No (Circle one)		Yes/No (Circle one)
Differential Pressure Relief Port	Must open @ min. of 2.0 psid	Opened @ psid (B)		Opened @ psid (B)
Pressure Buffer	A - B = 3.0 psid or >	psid		psid
<i>Double Check Valve Device</i>	<i>Requirement</i>	<i>Initial Test</i>	<i>Repairs</i>	<i>Retest</i>
Check Valve #1	Closed Tight @ Min. of 1.0 psid	Yes/No (Circle one)		Yes/No (Circle one)
Check Valve #2	Closed Tight @ Min. of 1.0 psid	Yes/No (Circle one)		Yes/No (Circle one)
<i>Pressure Vacuum Breaker</i>	<i>Requirement</i>	<i>Initial Test</i>	<i>Repairs</i>	<i>Retest</i>
Air Inlet	Closed @ min. of 1.0 psid	Yes/No (Circle one) _____ psid		Yes/No (Circle one) _____ psid
Check Valve	Closed @ min. of 1.0 psid	Yes/No (Circle one) _____ psid		Yes/No (Circle one) _____ psid

Remarks _____

Certification: 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 _____ (Print) _____ (Signature) _____ Date _____

License # _____ Expiration Date _____ City of Certification _____

Testing Company _____ Phone # _____

Company Address _____