

**TOWN OF APPAHANNOCK
P.O. BOX 266
915 CHURCH LANE
TAPPAHANNOCK, VA 22560
(804) 443-3336**

Business/Owner Name: _____

Address: _____

Use Location of Device: _____

Device Type: _____ Test Type: _____

Manufacturer: _____ Model: _____

Serial: _____ Size: _____

Line Pressure at the Time of Test _____ PSI PASS: _____ FAIL: _____ (check one)

Existing/Replacement/New Device (circle one)

REDUCED PRESSURE ZONE DEVICE Requirement	Initial Test	Repairs	Retest
Check Valve #1 Pressure drop across check valve # 1	Closed Tight min of 5.0. psid	Yes/No (circle one) psid (A)	Yes/No (circle one) 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
DOUBLE CHECK VALVE DEVICE Requirement	Initial Test	Repairs	Retest
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)
PRESSURE VACUUM BREAKER Requirement	Initial Test	Repairs	Retest
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: (Please Print) _____

Please Sign: _____ Date: _____

License # _____ Expiration Date: _____ City of Certification: _____

Testing Company: _____ Phone# _____

Company Address: _____ File: Backflow form