

**OFFICIAL DOCUMENT**

Give This Form to Plumber.

City of Newport News  
Department of Public Utilities (Waterworks)

**Backflow Test Form**

(www.nngov.com/waterworks/downloads/backflowtestform)

Mail completed **original** test form to ----- Cross Connection Control Office  
(1 form per each device) 425 Industrial Park Drive, Newport News, VA 23608

Backflow Partner# [ ] OR Meter # [ ]

Name of Premises \_\_\_\_\_

Service Address \_\_\_\_\_

Use & Location of Device \_\_\_\_\_

Device \_\_\_\_\_

Manufacturer

Model

Size

Serial Number

Line Pressure at Time of Test [ ] psi (circle one) Existing / Replacement / New

Reduced Pressure Device	Requirements	Initial Test	Repairs	Retest
Check Valve #1	Closed tight?	(circle one) Yes/No		(circle one) Yes/No
Pressure drop across Ck. Valve #1	min. of 5.0 psid	[ ] psid (A)		[ ] psid
Check Valve #2	Closed tight?	(circle one) Yes/No		(circle one) Yes/No
Differential Pressure Relief Port	Must open at min. of 2.0 psid	Opened at [ ] psid (B)		Opened at [ ] psid
Pressure Buffer	A-B = or > 3.0 psid	[ ] psid		[ ] psid

Double Check Valve Device	Requirements	Initial Test	Repairs	Retest
Check Valve #1	Closed tight at a min. of 1.0 psid?	(circle one) Yes/No		(circle one) Yes/No
		[ ] psid		[ ] psid
Check Valve #2	Closed tight at a min. of 1.0 psid?	(circle one) Yes/No		(circle one) Yes/No
		[ ] psid		[ ] psid

Pressure VB / Spill Proof VB	Requirements	Initial Test	Repairs	Retest
Air Inlet	Opened at a min. of 1.0 psid?	(circle one) Yes/No		(circle one) Yes/No
		[ ] psid		[ ] psid
Check Valve	Closed at a min. of 1.0 psid?	(circle one) Yes/No		(circle one) Yes/No
		[ ] psid		[ ] psid

Remarks \_\_\_\_\_

Testing Company \_\_\_\_\_ Phone # \_\_\_\_\_

Company Address \_\_\_\_\_

E-mail \_\_\_\_\_ Fax # \_\_\_\_\_ VA Plumbing License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

City of Certification \_\_\_\_\_ Backflow License # or State License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Testing shall be accomplished by licensed plumbers when testing in the Newport News Waterworks system.**

*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 \_\_\_\_\_ (INITIAL TEST) (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

Tester Name \_\_\_\_\_ (RETEST) (Print) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

**Test backflow preventer and mail original test form within 30 days.**